Keewatin Yatthé
Regional Health Authority

2012 - 2013
ANNUAL REPORT

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Keewatin Yatthé Regional Health Authority

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Keewatin Yatthé
Regional Health Authority

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Wholistic Health of Keewatin Yatthé
Regional Residents

TABLE OF CONTENTS

Letter of Transmittal 5
Introduction 6

Strategic Direction

Organizational Foundation 8
Regional Snapshot 10
Early Development Instrument 13
Alignment 14

KYRHA Overview

Facilities, Programs and Services 16
Key Partnerships 18
Governance 21
Challenges and Issues 22

Progress in 2012 - 13

Lean / Hoshin Kanri 24
Breakthrough Initiative Selection 27
Collaborative Effort to Manage HIV/TB 28
La Loche Patient Flow 30
Youth Health Groups 32
Medication Reconciliation 33
Safety Management System 34
GHX E-Commerce Implementation 35
Staff Recruitment and Retention 36
2013-14 Hoshins 37
Sick Time 38
Wage-Driven Premiums 39
Client Concerns 40
Patient Safety 41
Patient Mapping 42
2012-13 Highlights 44
Equipment, Software and Process Renewal 48
Financial Impacts 49

Financial Information

Report of Management 52
2011-12 Financial Overview 53
Financial Statements 55

Appendices

KYRHA Organizational Chart 88
Payee Disclosure List 89

Charts, Graphs and Maps

KYRHA and Provincial Health Regions 8
Population - Change 10
Dependency Ratio 10
Mortality Rate - Crude 11
Mortality Rate - Adjusted 11
Chlamydia 12
Tuberculosis 12
EDI Results 13
EDI Results by Domain 13
Healthy People, Healthy Communities Vision 14
KYRHA Facilities 16
Hoshin Kanri Process 26
La Loche TB Contact Tracing 28
SDCL Lab Tests 29
Process Times - La Loche Health Centre 30
Process Times - La Loche Health Centre 31
Medication Reconciliation Compliance 33
Sick Time 38
Wage-Driven Premiums 39
Client Concerns 40
Client Concerns by Community, Program 40
Patient Safety Occurrence 41
Contributing Factors to Falls 41
Medication Events 41
Contributing Factors to Medications Events 41
Patient Mapping - Route 42
Patient Mapping - Value Stream 43
Sick Leave/Wage-Driven Premium Targets 54

Letter of Transmittal

To: Honourable Dustin Duncan
Minister of Health

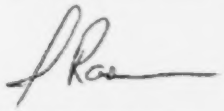
Dear Minister Duncan,

The Keewatin Yatthé Regional Health Authority (KYRHA) is pleased to provide you and the residents of our northwest Saskatchewan health region with the 2012-13 annual report. In addition to outlining activities and accomplishments of the region for the year ended March 31, 2013, this report provides the audited financial statements for the same period.

Quickly adapting to the new Saskatchewan Healthcare Management System, learning and beginning to use Lean tools such as value stream maps, daily visual management and wall walks to achieve Better Health, Better Care, Better Teams and Better Value for residents of our health region, KYRHA had many successes during the 2013 fiscal year. Notable of these successes – and selected for presentation at the annual Inspire, Health Quality Summit – creation of youth health groups in communities across the region empowered younger residents to deliver health messaging to their peers and other community members. Also selected for presentation at Inspire, Lean work on patient flow at the La Loche Health Centre brought staff together with common purpose to better serve clients, helping reduce wait times and improve the overall patient experience.

Our success is greatly attributed to the dedication and commitment of our employees; from senior leaders who devoted themselves to Lean certification training, to managers who quickly grasped new tools and put them to work (tools such as huddle boards), and to frontline staff whose input and hard work made real change possible.

Respectfully submitted,



Tina Rasmussen
Chairperson

INTRODUCTION

THIS ANNUAL REPORT presents the Keewatin Yatthé Regional Health Authority's activities and results for the fiscal year ending March 31, 2013.

The 2012-13 Annual Report provides an opportunity to assess accomplishments, results, lessons learned and a chance to identify how to build on past successes for the benefit of the people of the Keewatin Yatthé Health Region.

The health authority is solely responsible for preparation of the report, from the gathering and analysis of information through to the design and layout of pages. As a result, we are confident in the reliability of the information included within the report.

As for selection rationale for the critical aspects of performance on which to focus — the regional breakthrough initiatives in support of provincial hoshins as well as sick time and wage-driven premiums — these are core performance areas in which the RHA seeks improvement, with data available from regionally designed measurements and metrics.

STRATEGIC DIRECTION

ORGANIZATIONAL FOUNDATION

PROVIDING FOR REGIONAL residents living in communities scattered across northwest Saskatchewan, the Keewatin Yatthé Regional Health Authority administers a patient-oriented health-care delivery system focused on wholistic health and well being.

Mandate

Within a context of accountability to the Creator, the Keewatin Yatthé RHA's mandate is drawn from:

- **Legislation**: Relevant federal and provincial acts and statutes;
- **Ministry of Health**: Policies and procedures;
- **Community**: Priority issues defined by community;
- **Partnerships**: Developed and maintained by the regional health authority.

Mission

Wholistic Health of Keewatin Yatthé Health Region Residents

Wholistic health is:

- **Inclusive**: Individual, family, community, region and the world at large;
- **Balanced**: Physical, mental, emotional and spiritual wellness;
- **Shared**: Personal health is tied to family/community health – as community/family health is tied to personal health;
- **Responsible**: Individuals make better health decisions for themselves and their families, and participate more fully in community;
- **Focused**: On improving health and wellness of all
- **Unified**: Only one option – Working together.

Saskatchewan Health Regions

Principles

Adults — supported by extended family and local community — are responsible for their own health. To assist individuals, families and communities develop the knowledge, skills, abilities and resources to carry out this responsibility, KYRHA will act in accordance with the following principles:

- Show respect as a foundation for working together;
- Focus on healthy communities by emphasizing factors that build healthy individuals and families;
- Focus on healing in our own lives and in the lives of individuals, families and communities;
- Recognize in our programs, services and activities that spiritual healing is a significant component of wholistic healing, and support individual and family approaches to spiritual healing;
- Strive to create an attitude of responsibility and self-reliance in our people, our families and our communities;

- Support, strengthen and build upon the skills, knowledge and energy of our board, our staff and the people of the region so that we can work together towards our full health potential;
- Build on strengths, transform weaknesses and not violate our potential;
- Strive to meet the needs of our people in our decisions, programs and activities;
- Encourage and support healing initiatives of our people, families and local communities;
- Support community caring and traditional strengths in programs and activities;
- Utilize the skills, talents and abilities of local people as much as possible in all initiatives, programs and activities;
- Build on our existing community-based services;
- Strive for excellence in our quality of care, in the quality of our workplace and in the qualifications, skills and attitudes of our staff, no less than can be found in any jurisdiction, anywhere;
- Remain committed to developing and encouraging a spirit of cooperation with our northern health partners towards enhancing health outcomes at the regional and local level.

Values

KYRHA maintains and promotes respect as a primary organizational value and building block for the successful achievement of our wholistic health goals and objectives. By reflecting organizational values in daily actions, Keewatin Yatthé's 350 plus employees create a healthy work environment which is the starting point for delivery of best care and services to residents of the region.

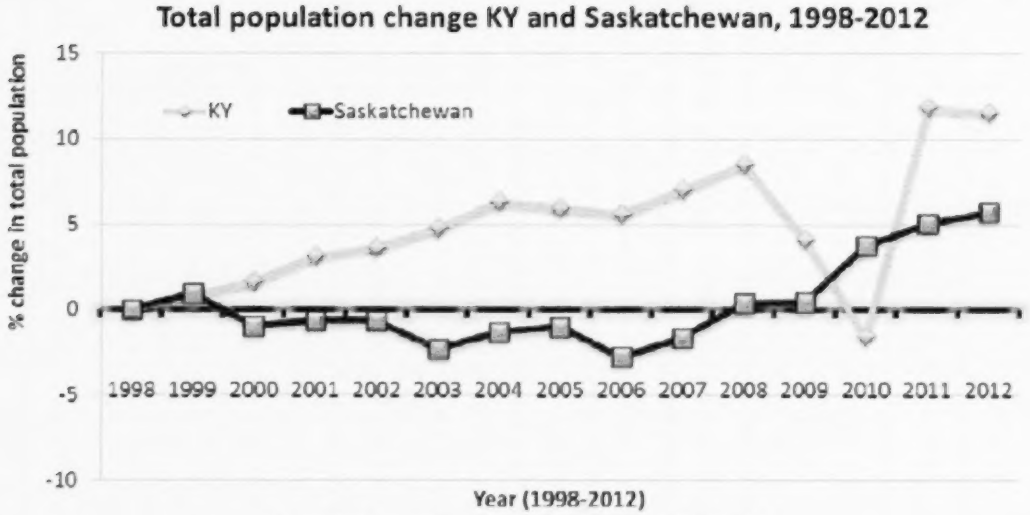
- **Mutual respect**: Reflect high regard for unique abilities, talents, feelings and opinions of others;
- **Personal integrity**: Undertake one's duties and responsibilities openly, respectfully and honestly;
- **Self-belief and courage**: Meet challenges with confident ability; take responsibility with courage and conviction;
- **Collaborative work**: Build productive relationships with coworkers and stakeholders;
- **Accountability**: Take ownership in achieving desired results;
- **Empathy and compassion**: Practise non-judgmental listening and support that reflects caring and sensitivity in interactions with colleagues, patients, stakeholders and residents;
- **Honesty and trust**: Be straight-forward, open and truthful, take responsibility for one's actions.

Community Priorities

Within the scope of our mandate, mission and principles, issues-driven community-identified priorities shape the strategic direction of the health authority. These priorities fall into four areas:

- **Community healing** – including denial, unwillingness or reluctance to face problems or take action, to identify issues, to develop and implement solutions or volunteer; as well as lack of trust and issues of violence, poverty, housing and teen pregnancy;
- **Individual and family healing** – including parents unable to care for and nurture children, high levels of family breakdown and the decline of the family unit; lack of respect between generations; reliance on health workers to provide what should be self-care;
- **Program planning and implementation** – including diabetes and complications from the disease; sexually transmitted infections; mental health and addictions; retention of medical health professional services; support for the elderly; information and emphasis on spiritual wellness;
- **Existing activities and service outcomes** – including empowering people to take responsibility for their own health as opposed to creating dependence; greater team work between service providers; jurisdictional issues between treaty and non-treaty people, and among health services across the north; lack of understanding of the role of the board of directors.

Population

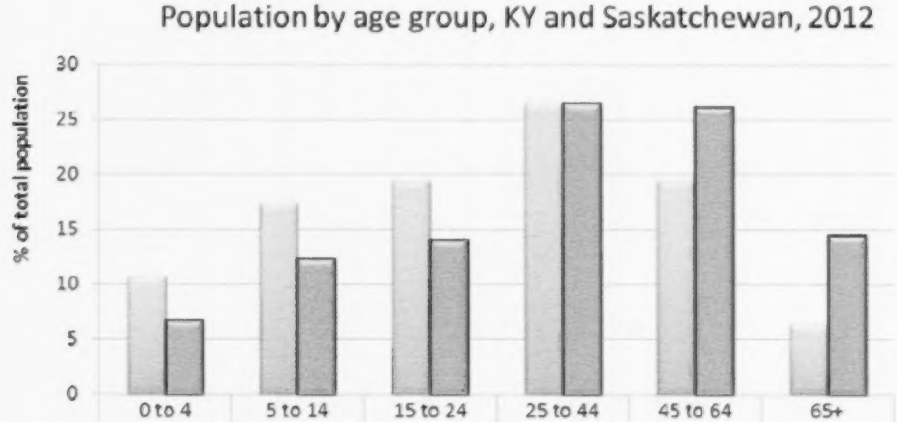


Source: Sask Covered Population 2012, Prepared by PHU Jan 2013

Decreasing to 10,588 in 2010 from 11,674 in 2008, KYRHA population began to increase in 2011-12, rising to over 12,000. (Decrease may be an artifact of changes in measurement method.) Regional population remains young, compared to the province, with 28 per cent less than 15 years of age and only six per cent over 65 years.*

**Most recent data at time of publication*

Dependency Ratio

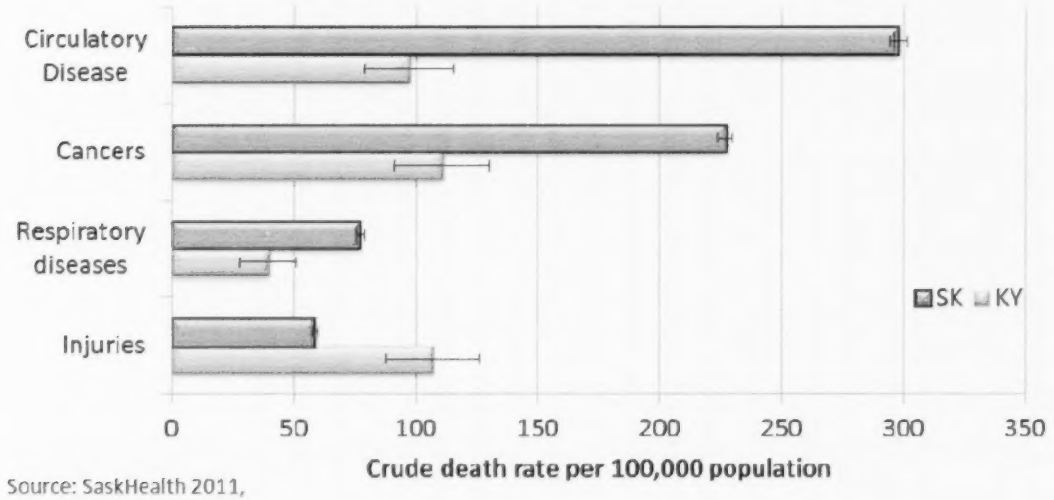


	0 to 4	5 to 14	15 to 24	25 to 44	45 to 64	65+
KY	10.7	17.4	19.5	26.5	19.5	6.4
Sask	6.7	12.3	14.0	26.4	26.1	14.4

Source: Sask Covered Population 2012, Prepared by PHU Jan 2013

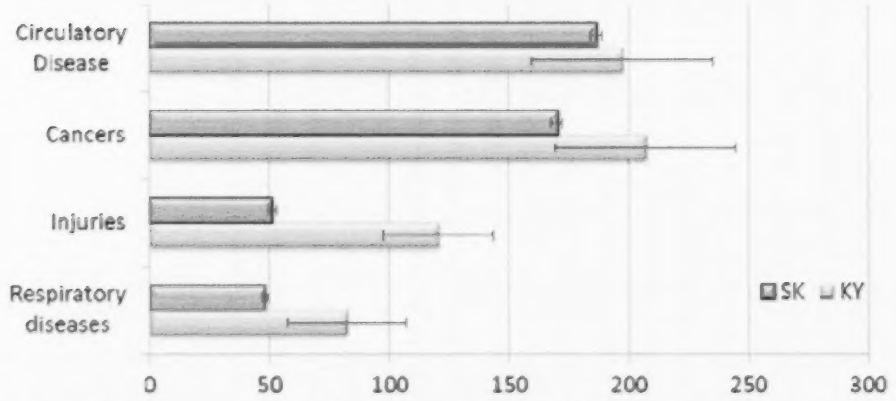
In 2012, KYRHA, Mamawetan Churchill River RHA and the Athabasca Health Authority had some of the highest dependency ratios of all other health regions in Canada. This ratio compares the number of youth under 20 and elders over 65 years of age with the "working" population of 20-64 years. High dependency ratios indicate economically stressed areas.*

Crude mortality rate from the leading causes of death, 10-year average, by health authority, 2000-2009



Source: SaskHealth 2011,
Prepared by PHU Jan 2011

Age-adjusted mortality rate from the leading causes of death, 10-year average, by health authority, 2000-2009

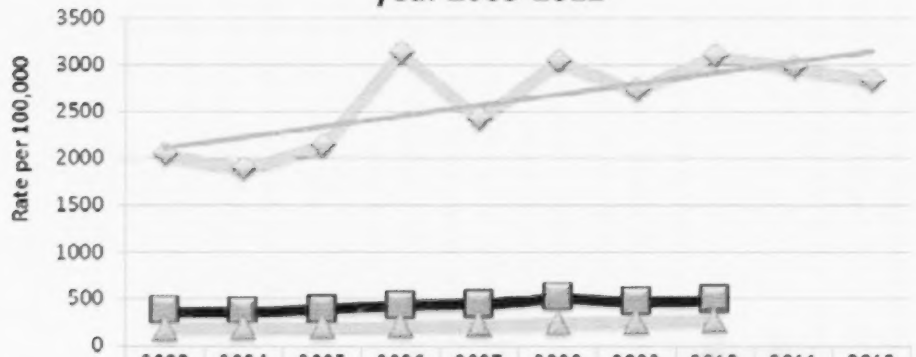


Source: SaskHealth 2011,
Prepared by PHU Jan 2011

The leading causes of death in the RHA (crude rate) between 2000 and 2009 were injuries, cancer and circulatory diseases, while the leading causes of death in Saskatchewan overall, circulatory, cancer and respiratory diseases. Taking into account KYRHA's younger population, where injuries are more prevalent and chronic diseases are less prevalent, age-adjustments must be made for a more accurate comparison of health risks compared to the province. This allows a comparison of the risk of death from various causes between the populations as if the age structure was the same. The age-adjusted rates still show circulatory diseases, cancers, injuries and respiratory diseases as the four leading causes of death in KYRHA, although now KYRHA rates are higher than the provincial rates.*

Chlamydia

Estimated crude Chlamydia rate by region and year 2003-2012



	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
KY	2041	1898	2132	3134	2424	3041	2741	3098	2975	2841
Sask	376.2	361.8	391.9	428.9	439.8	513.2	470.2	484		
Canada	189.6	200.5	206.2	212.7	224.4	248	258.6	277.6		

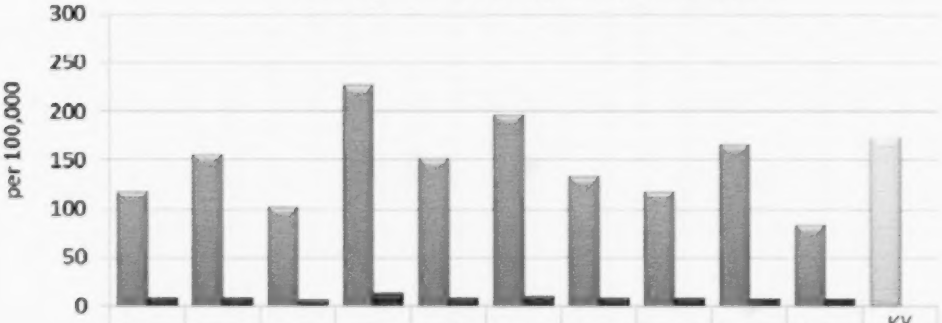
Source: PHAC, PHU, Preapred by PHU May 2013

The estimated crude chlamydia rate increased over the past 10 years, from 2,041 cases per 100,000 population in 2003 to 2,841 cases per 100,000 in 2012. In 2010 the estimated crude rate was over seven times the provincial rate.*

**Most recent data at time of publication*

Tuberculous

Reported New Active & Relapsed Tuberculosis Incidence Rate by Year of Diagnosis, 2002-2011



	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	KY 2011*
North	118.5	156.5	102.5	228.2	152.5	198.1	134.3	118.1	167.5	84.6	174.5
Sask	8.7	9.0	6.9	13.6	8.7	10.4	9.0	8.7	7.6	7.7	

Year (2002-11)

Source: Sask TB Control. Prepared by PHU June 2013 *preliminary data.

The rate of new and relapsed tuberculosis in northern Saskatchewan, including KYRHA, is exceedingly high. Between 2002 and 2011, the northern rate was on average 16 times the provincial rate. Although there have been yearly fluctuations, both northern and provincial rates have decreased noticeably between 2005 and 2011.*

Early Childhood Instrument

THE EARLY DEVELOPMENT INSTRUMENT (EDI) is a population measure, used to determine the health and wellness of young children and their ability to take advantage of learning opportunities in the school environment. The EDI measures early childhood health and wellness in five domains or areas (physical health and well-being, social competence, emotional maturity, language and cognitive development and communication and general knowledge).

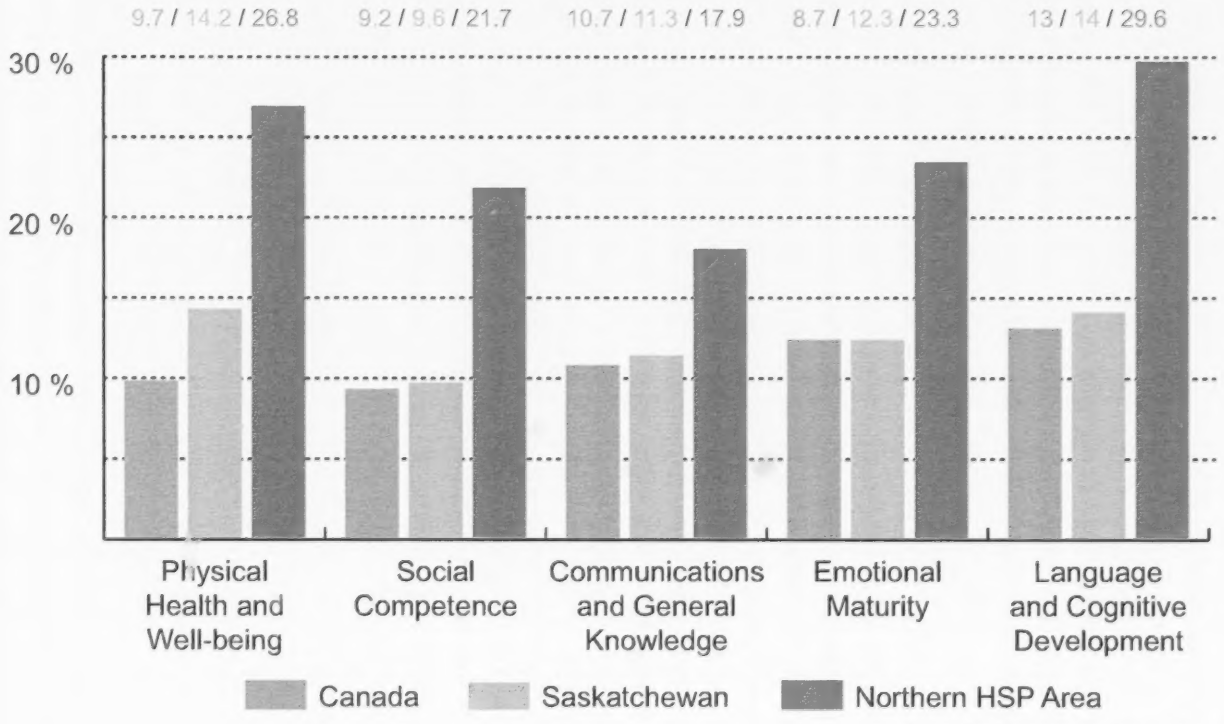
The 10th percentile is used as the cut-off to identify children scoring low. Children scoring below the 10th percentile are considered vulnerable for poorer education outcomes in the future.

Early Development Instrument (EDI) Results (2009-11 Baseline)

	% Low 1 Domain	% Low 2 Domains	% Multiple Challenge Index
Regional Health Authorities			
Athabasca HA		Insufficient Records	
Keewatin Yatthé RHA	50.0	32.3	12.1
Kelsey Trail RHA	30.9	17.2	7.5
Mamamwetan Churchill River RHA	48.4	32.3	15.6
Prince Albert Parkland RHA	37.8	22.7	7.5

Early Development Instrument (EDI) Results by Domain

Canadian Normative, Saskatchewan and Northern Human Services Partnership (NHSP) Area
2009-11 baseline, % below 10th percentile (considered vulnerable) by domain



Source: Ministry of Education

ALIGNMENT

IN JANUARY OF 2012, the Keewatin Yatthé Regional Health Authority joined in a province-wide Hoshin Kanri process to strategically align breakthrough priorities across the health system to deliver Better Care, Better Health, Better Teams and Better Value for Saskatchewan. With "what needs to be done" direction from the provincial leadership level and critical "how to do it" input from the frontlines, KYRHA and its provincial partners began to address the "hurt" within the health system.

By September 20, 2012, the Keewatin Yatthé strategic deployment leadership team (CEO, executive directors, directors, in-scope and out-of-scope managers as well as the senior medical officer and deputy medical health officer) began a second cycle of hoshin kanri work. Over two days of "diagnosis and review," the team examined "where we had been" over the previous eight months and "where we still needed to go" to achieve and maintain breakthrough improvements into the future.

The stage had been set for using "visibility walls" and "wall walks" to hold leaders accountable for moving projects forward, for reporting progress made, ground still to be covered and for charting corrective actions to keep the ball rolling. "Daily management" starting at the "gemba" (where the work is done) and including "at a glance" indicators made what had been done and what was left to do in the delivery of quality care across the region visible for all to see.

Going forward, KYRHA will continue to align with provincial strategic direction, aided by an improved understanding of how to jointly meet provincial and regional objectives. As a health region, KY will focus on patient and family centred continuous improvement, prioritizing safety (for staff and patients) as well as primary health care (including mental health and addictions).

KYRHA OVERVIEW

FACILITIES, PROGRAMS AND SERVICES

QUALITY HEALTHCARE PROGRAMS AND SERVICES are provided to region residents through three types of health service centres:

- Two integrated health centres:
  Ile a la Crosse and La Loche;
- Three primary care centres:
  Beauval, Buffalo Narrows and Green Lake;
- Six outreach and education sites:
  Cole Bay, Jans Bay, Michel Village,
  Patuanak, St. George's Hill and Turnor Lake

Integrated Health Centres

KYRHA integrated facilities provide a full range of modern healthcare programs and services. Key services provided at the St. Joseph's Health Centre (Ile a la Crosse) and the La Loche Health Centre include:

- Emergency care;
- Acute care;
- X-ray and lab;
- Physician/medical health clinic;
- Public health clinic;
- Home care;
- Long term care;
- Inpatient social detox;
- Mental health and addictions;
- Community outreach and education worker;
- Dental therapy;
- Physical therapy;
- Community health development programs.

Primary Care Clinics

KYRHA primary care clinics offer around-the-clock registered nurse on-call coverage and emergency medical services (EMS).

- **Beauval**
  - » Physicians services (two days a week);
  - » Nurse practitioner;
  - » Public health nurse;
  - » Home care licensed practical nurse;
  - » Special care/home health aids;
  - » Community mental health registered nurse;
  - » Dental therapist;
  - » Addictions councilor;
  - » Emergency medical services;
  - » Community outreach & education worker;
  - » Community health development programs.
- **Buffalo Narrows**
  - » Physicians services (four days a week);
  - » Nurse practitioner;
  - » Home care licensed practical nurse;
  - » Special care/home health aids;
  - » Public health nurse;
  - » Emergency medical services;
  - » Community outreach & education worker;
  - » Dental therapist;
  - » Addictions counselor;
  - » Mental health therapist;
  - » Medical transportation;
  - » Community health development programs.
- **Green Lake**
  - » Registered nurse/public health and home care nurse;
  - » Community outreach & education worker;
  - » Home care coordinator.

Outreach and Education Sites

Outreach and education workers provide service to Cole Bay, Jans Bay, Michel Village, Patuanak, St. George's Hill and Turnor Lake, promoting individual, family and community health through a variety of programs and workshops. Community members are helped to understand and make use of health services and clinics, as well as advised of available health resources and benefits.

Programs

Available to region residents:

- **Addictions counseling education**
  Client eduction on the effects of alcohol and drug abuse, including one-on-one counseling, follow-up support and home visits;
- **Community diabetic education**
  Counseling for diabetics and those at risk of developing diabetes as well as prevention through education;
- **Community outreach and education**
  Help to understand and make use of community health services and clinics; information on health resources and benefits;
- **Dental clinic**
  Provides and promotes dental care; primary teeth extraction, cavities and fillings; open to children up to the age of 17;
- **Dietitian**
  One-on-one diet counseling and prevention of diseases through education;
- **EMS** - 24-hour emergency services;
- **Home care services**
  Services ensuring quality of life for people with varying degrees of short and long-term illness or disability and support needs; including palliative, supportive and acute care;
- **Mental health therapy**
  Services and interventions for individuals, families, groups and communities experiencing significant distress or dysfunction related to cumulative stress, situational difficulties or difficulties related to biochemical disorders;
- **Nutritionist**
  One-on-one nutrition counseling; prevention of diseases through education;
- **Public health nursing**
  Pre/post natal care, immunizations, school programs and health teaching;
- **Public health inspection**
  Assessment/monitoring of health regulations;
- **Travel coordination**
  Travel arrangements for patients seeing specialists who have no other means of access.

Population Health Unit

The Population Health Unit (PHU) provides public health and population health services to the three northern health authorities (Athabasca Health Authority, Keewatin Yatthé Regional Health Authority and Mamawetan Churchill River Regional Health Authority) under a co-management agreement.

The PHU includes medical health officers; communicable disease/immunization nurse; HIV strategy coordinator; infection prevention and control coordinator; nurse epidemiologist; public health nurse specialist; environmental health manager and six public health Inspectors; public health nutritionist; dental health educator; population health promotion coordinator; director; and support staff.

The Population Health Unit has roles and responsibilities within the three northern health authorities for:

- Health protection and disease control and prevention;
- Health surveillance and health status reporting;
- Legislated mandate under the Public Health Act (2004) and regulations;
- Liaison, consultation and advice;
- Population and public health program planning and evaluation;
- Population health promotion (advocacy for healthy public policy, community development, health education).

Through the Northern Healthy Community Partnership, actions supported physical activity in schools, healthy eating and tobacco reduction to prevent and reduce high rates of chronic diseases. The funding received from the Ministry of Health for the Northern Tobacco Reduction Initiative (NTRI) provided a much-needed boost toward capacity building and sustainable tobacco reduction activities in the north. We worked collaboratively with stakeholders to develop culturally-appropriate resources and deliver tobacco reduction workshops to more than a hundred youth throughout the three northern health authorities. The NTRI project will be completed in the summer of 2013, with ongoing action sustained through the Northern Tobacco Strategy.

The PHU assisted in the process to assess proposals for health research in northern Saskatchewan involving health authority services, facilities, staff or records to ensure ethical, effective, quality research done in a culturally safe and resource efficient manner. Between April 1, 2012 and March 31, 2013, 15 projects were assessed, a decrease from 31 projects during 2011-12.

In 2012-13, the Population Health Unit was active in the ongoing development of provincial strategies for sexually transmitted infections and HIV, and the high-incidence community TB strategy. New and updated MRSA educational materials were developed and disseminated across the north.

Healthcare Excellence Award

Dr. James Irvine, medical health officer for the three northern health authorities was honoured for his contribution to the "health of the population" with a Saskatchewan Healthcare Excellence Award in March 2013. This award category recognizes contributions to the overall health outcomes of a community and/or reducing health disparities within the community.

"Dr. Irvine is passionate about improving the health and well-being of northern residents," said Tina Rasmussen, KYRHA board chair. "We truly appreciate the skills and abilities he has, and the character and integrity shown in his leadership and oversight in providing services to the people of the north."

HEALTH SHARED SERVICES SASKATCHEWAN (3sHealth) was formally established in 2012 to collaborate with the health regions and the Saskatchewan Cancer Agency (SCA) in identifying and implementing selected administrative and clinical support services that could be delivered in a shared services model. By sharing specific functions, the health regions and the SCA will improve the quality of services provided, lower costs and redirect resources to patient care.

Broad objectives of 3sHealth, in partnership with the health regions and SCA, include creating enhanced value to the health system, improving service quality and lowering the cost curve. Key achievements for 2012-2013 include:

- Established 3sHealth Board of Directors. The nine member board was established to help guide the organization to achieve its goal of providing efficient, customer-focused, quality, province-wide shared services to Saskatchewan's health sector.
- Participating in, and adopting Lean management systems and Lean certification training to help further the provincial strategy to transform healthcare in Saskatchewan into a system that puts patients first.
- Continued to leverage additional group purchasing contracts to increase buying power with provincial and national procurement contracts for clinical supplies, resulting in provincial savings of $7.7 million for 2012-2013.
- Implementing Global Healthcare Exchange (GHX), a software system to automate and streamline supply chain operations.
- Continued work to enhance, automate and standardize human resource processes through Gateway Online. This work has resulted in printing and paper cost savings, increased accuracy of information, and is allowing healthcare administrators and employees to spend less time on manual administrative processes and more time focused on the patient.
- Completion of the business case recommending a provincial linen strategy to enhance quality and infection control standards, achieve efficiencies and secure safe working conditions. The implementation of this strategy moving forward is expected to save the healthcare system $93 million over ten years.

Work focused on Lean, group purchasing, GHX, standardizing human resource processes and the provincial linen strategy will continue in 2013. In addition to this work, 3sHealth received approval from its board of directors and the Council of CEOs to proceed with the development of eight new business cases. These businesses cases will explore opportunities for shared services and will be guided with a view of improving quality of services for patients and families, and achieving a five year cumulative target of $100 million in provincial savings. The eight new business cases include:

- Laboratory services
- Diagnostic imaging
- Environmental services
- Supply chain
- Information technology and information management
- Enterprise risk management
- Capitol projects
- Workflow optimization

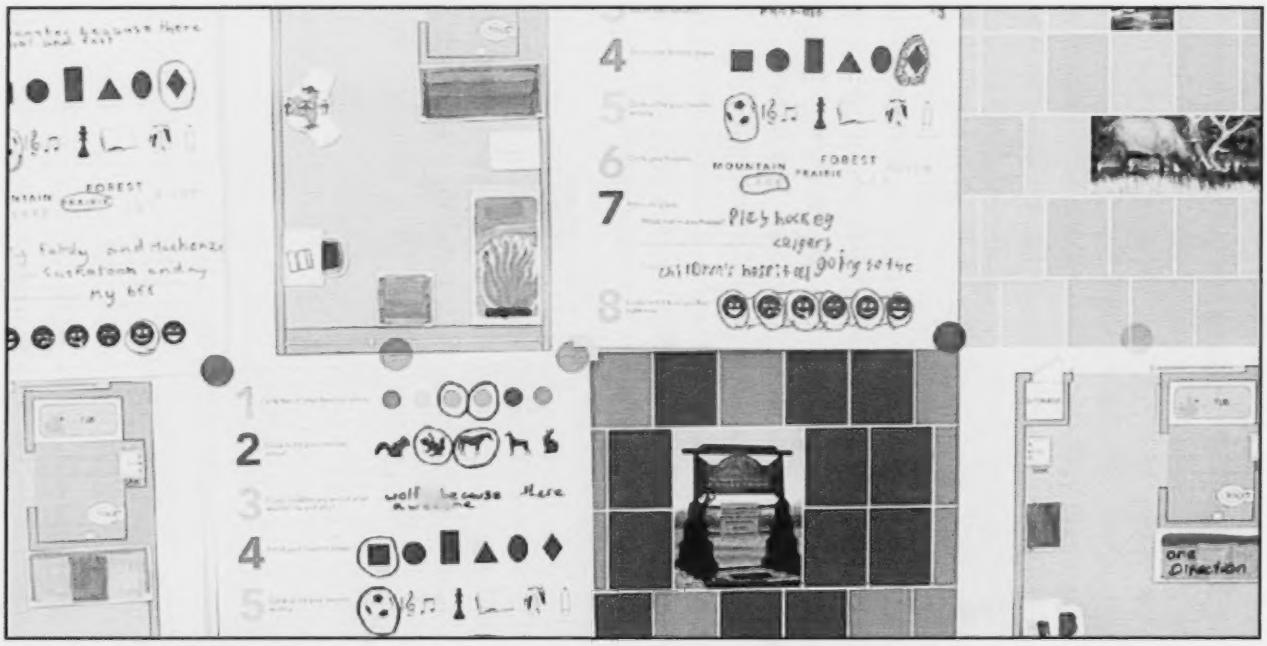
Health Care Organizations

Health care organizations, for-profit and non-profit, receive funding from the RHA to provide health services. Two such organizations provide services within KYRHA:

- Meadow Lake Tribal Council provides after hour nursing coverage for adjacent communities; funding to MLTC for provision of these services has been increased:
  - » Community Health Development working in partnership with MLTC on a health services integration project, with a focus on the coordination of mental services and addictions between the two health systems;
  - » Also working in partnership with MLTC to develop a health information guide (self management) to be shared across region.
- Ile a la Crosse Friendship Centre runs the Successful Mother's Program that helps give children the best possible start in life.

Northern Medical Services

Northern Medical Services (NMS) serves KYRHA with two models of care. La Loche is served by six full-time equivalent physician positions each contributing 26 weeks of service per annum. These are itinerant services, with travel to out-lying clinics. KY provides a duty vehicle for weekly clinics serving Birch Narrows and Turnor Lake. The health region also provides clinic space, support and accommodations, while Northern Medical Services is responsible for recruitment, continuity of service, reimbursement and travel. Ile a la Crosse is served by six full-time equivalent salaried positions and an NMS clinic with six administrative staff. Itinerant services are provided to Beauval, Buffalo Narrows, Dillon and Patuanak.



CONTINUING STRENGTH IN YOUTH — At a special presentation in Ile a la Crosse by the Saskatchewan Children's Hospital about progress on the new facility for children from all over the province, local youth were quick to offer advice on colour schemes, signs and room designs.

Board

Tina Rasmussen (Chair)	Green Lake
Duane Favel	Ile a la Crosse
Gloria Apesis	Patuanak
Elmer Campbell	Dillon
Barbara Flett	Ile a la Crosse
Kenneth Iron	Canoe Lake
Bruce Ruelling	La Loche
Robert Woods	Buffalo Narrows

Board members are responsible for overseeing the organization, management and delivery of health services for all residents of the health region, primarily through the CEO. Board members are accountable to the Minister of Health. Appointments are for three-year terms, with the possibility of reappointment.

Robert Woods was reappointed to the board in May 2012.

General Bylaws

Board approved "Keewatin Yatthé Regional Health Authority General Bylaws."

Bylaws developed based on a review of general bylaws used in other jurisdictions, including concepts from the best practices in corporate governance

Bylaws developed and enacted in order to:

a. Provide an administrative structure for the governance of the affairs of the board;
b. Promote the provision of quality health care services;
c. Improve the health standards of the residents of the health region through the provision of quality health services.

Board Education

Board members participated in the Health Director Education & Certification Program, designed to ensure Saskatchewan directors have the skills, knowledge, attitude and capabilities to fully contribute to the pursuit of excellence in corporate governance in the health sector.

The director certification program is comprised of separate two-day long modules plus a comprehensive exam, and it has been designed to ensure that each director has the ability to take all components of the governance training program over a period of approximately two years.

At the completion of this program, directors will possess:

- Skills and competence required to fulfill their roles as board members in the health sector;
- Excellent knowledge of the function of corporate governance and how it operates within their organizational structure;
- Good knowledge of finance specific to the Saskatchewan health sector and the tools and know-how to use financial information appropriately;
- Good understanding of their own personal strengths and weaknesses, and be able to continually develop themselves to meet their future needs.

CHALLENGES AND ISSUES

Housing

Availability of appropriate and safe housing for permanent and casual employees significantly impacts recruitment and retention as well as staff moral. Strategic plan required to address RHA housing needs and shortages. Standard work needed for housing services protocols.

Leadership On-Site

With senior leaders spending more time at the Gemba – on the frontline where the work is being done – the need for more on-site leadership is beginning to be met as well as better understood.

Medical Transportation for Seniors

Seniors not covered by provincial or First Nations programs experience financial difficultly with medical transportation (to appointments in the south and with transportation home after medivac trips south for emergency services).

A change in medical taxi policy could be made to place seniors without coverage on patient transportation lists – when space is available on KYRHA coordinated trips. Such an arrangement would resolve insurance issues. Taxi companies currently receive full payment for each trip regardless of passenger numbers.

Out-Dated Telehealth Equipment

Current regional telehealth equipment beyond end-of-life and unsupportable by service agreement. Upgrading necessary to maintain technical competency for participation in telehealth sessions. RHA exploring replacement possibilities.

Privacy

Confidentiality of personal health information remains a concern for community members. Client concerns are being addressed in staff in-service sessions and staff are being asking to re-sign confidentiality statements as a reminder of their duty to protect confidential information.

Scheduling

Limited resources available to cover full schedule of shifts. Electronic scheduling provided by another RHA may be a solution.

Staff Shortages

At the beginning of the fiscal year, management reports to the board from most departments included the phrase, "staffing a serious challenge." As the year progressed, messaging began to change to "shortage of staff improving but still an issue."

Telephone Systems

Nortel BCM 400/450 telephone systems at St. Joesph's Health Centre in Ile a la Cross, the La Loche Health Centre and the Buffalo Narrows regional office are approaching "end of life" in 2014. The region is working with SaskTel on a replacement solution.

Vehicle Maintenance - EMS

EMS continues to experience challenges. Longevity and serviceability of ambulance units impacted by long distances travelled and poor highway conditions.

Weather-Related Power Outages

Power outages, from a few hours to a few days, common in the wake of severe weather. Buffalo Narrows (Clinic), Ile a la Crosse and La Loche have back-up power to maintain emergency services. Water supply, however, an issue as these facilities are served by community water supplies that go offline during power outages. Communication also limited during a power outage as local radio and cable stations go off-line/ off-air.

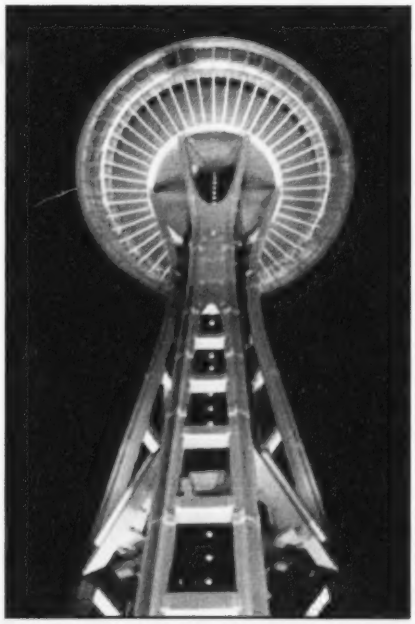
PROGRESS
2012 - 2013

"Lean
is not a program;
it is not a set of quality improvement tools;
it is not a quick fix;
it is not a responsibility that can be delegated.
Rather,
Lean is a cultural transformation
that changes how an organization works;
no one stays on the sidelines
in the quest
to discover
how to improve the daily work.
It requires new habits, new skills,
and often a new attitude
throughout the organization
from senior management
to front-line service providers.
Lean is a journey,
not a destination.
Unlike specific programs, Lean has no finish line.
Creating a culture of Lean
is to create an insatiable appetite for improvement,
there is no turning back …"

John S. Toussaint, MD, and Leonard L. Berry, Phd
The Promise of Lean in Health Care
The Mayo Clinic Proceedings

Lean Training

With eight seats allocated to KYRHA to participate in the first wave of the provincial Lean Certification Program (administered by John Black Associates), two four-person teams (comprised of the CEO, all four executive directors, two directors and the quality of care coordinator) tackled learning Lean. Committed to 52 days of Lean certification training, the teams set out in July and August for Prince Albert and North Battleford to learn Lean concepts and principles. Along the way to conquering "Module Marathon" in November, team members did hands-on value stream mapping in PA Parkland and Prairie North RHA health facilities. Having successfully completed long hours of lectures, study and travel (while still doing regular job duties), one team before and one team after Christmas set out for Salt Lake City, Utah, and Seattle, Washington, to see Lean in action in industry and in health care.



UPWARDS — Much as Seattle's Space Needle soars skyward, Lean-based healthcare production systems at Seattle area health centres boost healthcare quality to new heights.

On a sprawling yet ultra-efficient shop floor at Autoliv (maker of automotive safety systems), where every inch of space was organized and utilized in exacting manner, KY's small teams witnessed dozens of other small teams perform tasks with robot-like precision, turning out products meeting demanding quality standards. Any thought of "what these people are doing has nothing to do with what we do in health care" was convincingly (if not embarrassingly) squashed by banner(s) hung around the plant: "We save lives."

Had any doubt existed that Lean would work as well in health care as in industry, that doubt was soon dispelled in Seattle. At the Virginia Mason Institute (VMI) KY teams were reintroduced to the Toyota Production System (TPS) they had spent hours learning back home, now reworked into the Virginia Mason Production System (VMPS). In lectures and heartfelt stories told by VMI associates, and on the floor of the Virginia Mason Medical Center, Lean was revealed as a tool of exceptional usefulness for producing – and improving – quality performance.

Employed in an older hospital, TPS/VMPS was seen to have flaws. Across Lake Washington, however, employed in the near new Seattle Children's Hospital Bellevue Clinic, Lean hit the same symphonic notes so brilliantly orchestrated in Utah. For at least one member of the KY contingent, who had only weeks before spent 36 hours mapping a pediatric surgical journey from La Loche to Saskatoon (described elsewhere in this report), "awestruck" didn't come close to capturing first impressions. Calm hallways, interchangeable staff and standardized work routines and spaces (from seeing patients to meeting with staff) all proclaimed quality care. No "We save lives" banner needed here. Patient-first quality care was standard work.

Having committed considerable time and energy to learning Lean, KY Lean leaders are anxious to get to work. Offering invaluable assistance during the learning process, Kaizen promotion offices (KPOs) in PA Parkland and Prairie North may not be able to support KY through the rapid process improvement workshop (RPIW) process. With KPO support essential to RPIW success, and participation in RPIWs a requirement of Lean certification, RPIW improvement work within the region as well as Lean leader certification may require a different approach than used elsewhere in the province.

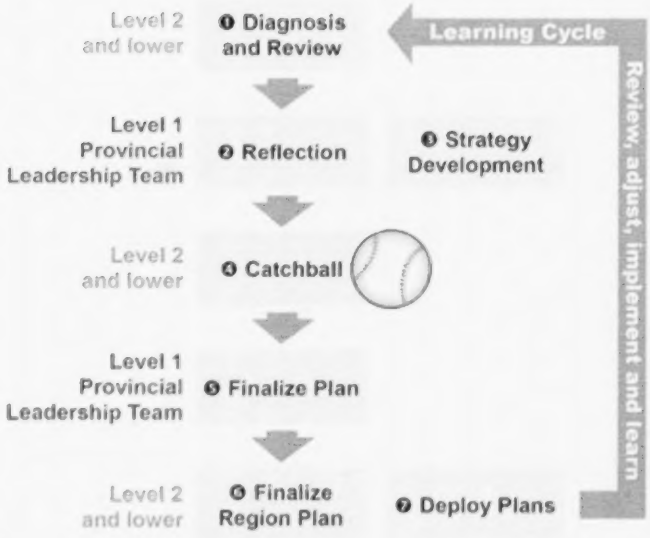
Hoshin Kanri

Hoshin kanri work started in 2011-12 to achieve Better Health, Better Care, Better Teams and Better Value continued in 2012-13.

In addition to walk walks (begun in February 2012), from March through December a number of events helped the region track 2012-13 projects and plan 2013-14 projects:

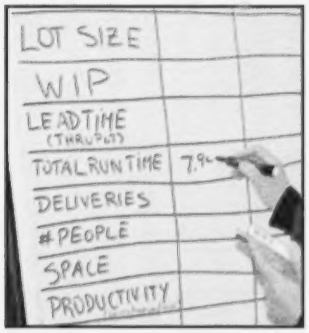
- Level 2 Hoshin Kanri - March
- Diagnosis and Review - September
- Catchball - October
- Hoshin Kanri Deployment - December

"Kaizen Basics" introduced a broader group of staff to Lean concepts, while a special session on "visual daily management" was held to expanded the region's knowledge and grasp of "What you cannot see, you cannot manage."



HOSHIN KANRI PROCESS — Driving patient-first continuous quality improvement.

CONTINUOUS IMPROVEMENT: Standard work, visual daily management and other "lean" tools will help KYRHA deliver quality, patient-focused health care to regional residents. (Far left) Dr. Moliehi Khaketla, deputy medical health officer, and (far right) Susan Neidig, John Black and Associates consultant, discuss ways to measure improvement. (Centre, left to right) Sharon Kimbley, Margaret Kissick, Liz Durocher, Ozlem Sari and Rowena Materne.



LEAN IN ACTION: A paper airplane exercise during "Kaizen Basics" training demonstrates principles of Lean. (L - R) Lorraine Roy, Melissa Petit, Amanda Laboucane and Michael Quennell.

Better Health

Better Care

Better Value

Better Teams

2012-13 Breakthrough Initiatives Selection Process

1

Provincial Strategies, Outcomes and Improvement Targets

- Developed through strategic planning process, Hoshin Kanri
- Catchball – top-down and bottom-up exchange of information – determined strategic priorities and how desired results would be achieved

2

Provincial Breakthrough Initiatives

Health system leaders agree to pursue transformation during 2012-13 in five areas:

1. Transform the patient experience through sooner, safer, smarter surgical care
2. Strengthen patient-centred primary health care by improving connectivity, access and chronic disease management
3. Deploy a continuous improvement system including training and infrastructure across the health system
4. Safety Culture: Focus on patient and staff safety
5. Identify and provide services collectively through a shared services organization (3sHealth)

3

Regional Breakthrough Initiatives

- KYRHA examined how to align with provincial initiatives while best serving regional needs
- Five provincial breakthrough initiatives supported
- Two regional breakthrough initiatives also developed
- New to the Lean process, it was unclear at the time whether some regional initiatives might be reclassified as "daily work"

Better Health

Five-year Outcome

By March 2017 there will be a 50 per cent reduction in the incidence of communicable disease (TB, HIV, STIs and MRSA)

Five-year Improvement Target

By March 2017 there will be an increase by 50 per cent in access to point of care testing of HIV and TB

2012-13 Breakthrough Initiative

The provincial health care system will work together in support of this, including sharing TB strategy with RHAs and the community for input and feedback

Provincial Breakthrough

Increase access to point of care testing for HIV and TB

KY Breakthrough Initiative

Collaborative Effort to Manage HIV / TB

Problem:

Highest TB rate in Canada; rising HIV rate; prospect of combined HIV/TB and the development of antibiotic resistance.

Target / Action:

Provide early detection, contact tracing, therapy maintenance, social supports, harm education and a "linked" health care team (primary care, public health, First Nations health authorities, TB control and infectious disease clinicians).

Measures:

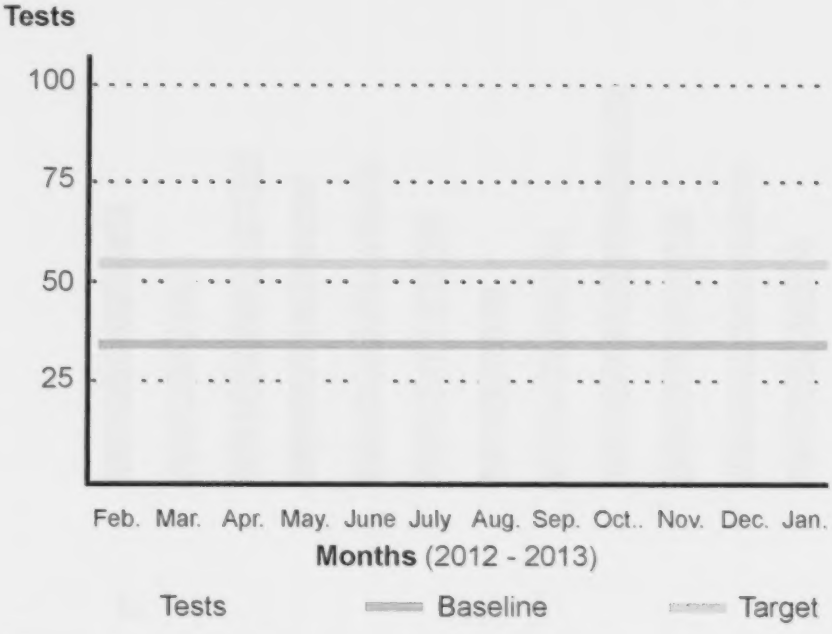
- Percentage of TB contacts screened within 30 days
- Number of HIV tests done monthly

Results:

La Loche TB Contact Tracing (April 2012 to March 2013)	
Time between Public Health notification and tuberculous skin test (TST)	Range 0 to 4 days
Time between Public Health notification and assessment by primary care provider all < 30 days	All < 30 days Range 4 to 18 days
Time between Public Health notification and assessment by TB Control	All = 45 days

Results (continued)

Number of Saskatchewan Disease Control Lab (SDCL) Tests Performed for HIV per Month



Changes Made:

- Increased focus on the high incidence of HIV/TB in northern communi
- Expansion of outreach program, with improved HIV/TB services
- Point of care testing for HIV increased (beyond predicted target level for last quarter)

Better Care

Five-year Outcome

By March 31, 2017, no patient will wait for emergency room care (patients seeking non-emergency care in the ER will have access to more appropriate care

Five-year Improvement Target

By March 2015, the start of emergency room care time improved by 50 per cent

2012-13 Breakthrough Initiative

In 2012-13, a plan will be developed that builds on the transformational agenda to (include):

- *Innovate to improve processes;*
- *Reduce demand on emergency services;*
- *Optimize the skills of all teams members in emergency services*

Provincial Breakthrough

Innovate to Improve Processes; Reduce Demand on Emergency Services

KY Breakthrough Initiative

La Loche Patient Flow

Problem:

Confusion and congestion, inappropriate patient flow, unnecessary patient-staff movement and breaches of infection control, privacy and security undermining customer satisfaction and staff morale.

Target / Action:

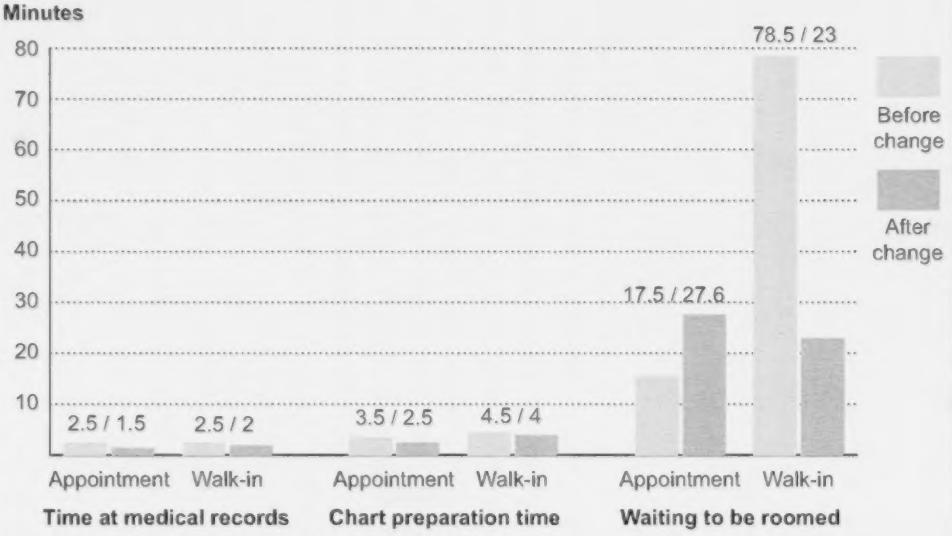
A safe, welcoming, family and patient-centred healing and wellness environment – providing culturally appropriate care under normal and emergent operating conditions.

Measures:

- Wait times
- Patients seen per shift
- Number of patients treated in ER
- Patient/family, staff satisfaction survey

Results:

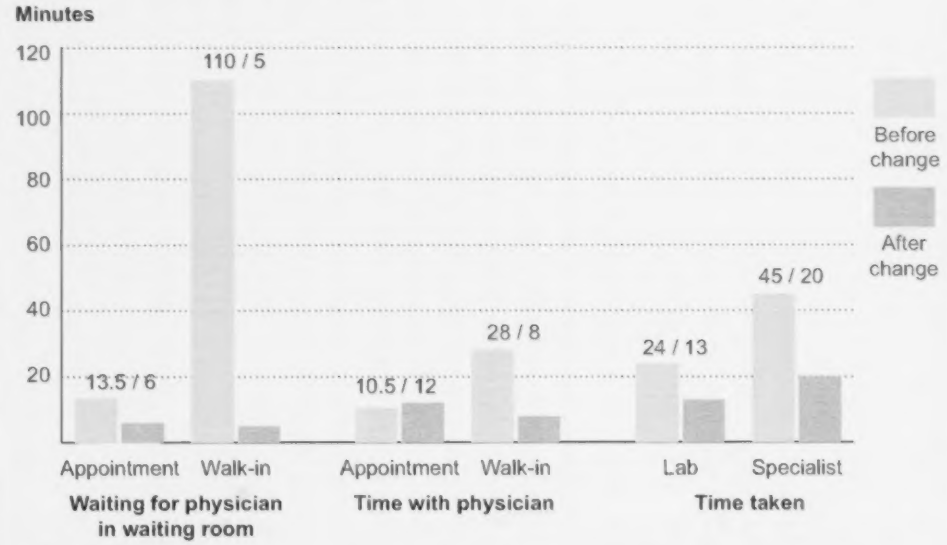
Process Times La Loche Health Centre Patient Flow Before and After Changes



NOTE: Changes made increased wait time to be roomed for patients with appointments but dramatically decreased wait time for walk-ins

Results (continued)

Process Times La Loche Health Centre Patient Flow Before and After Changes



NOTE: Time with physician was reduced for walk-in patients due to more thorough assessment of patient prior to being roomed

Changes Made:

- Better direction to registration desk and emergency department
- Private space for patient registration and medical records
- Waiting room rearranged to create more space and greater comfort
- Under-utilized clinic time (high percentage of no shows) redistributed to support same day appointments and walk-ins
- On call physician or nurse practitioner sees walk-in clients and emergencies in ER (formerly saw booked patients and emergencies in ER).
- New procedure reduces time searching for charts
- Greater involvement of physicians, nurse practitioners, lab technicians and clerical staff in lean-focused process improvements
- After completion of x-ray and lab procedures, clients receive "next step" instructions: e.g. go to ER, see health care provider, go home
- Reinforce triage process already in place. Provide better direction and education to clients on what is and isn't an emergency

Better Health

Provincial Breakthrough

Not directly aligned with a provincial breakthrough but strongly supporting Better Health

KY Breakthrough Initiative

Community Health Development — Youth Health Groups

Problem:

Disheartening youth suicide and teen pregnancy rates, discouraging family unit dysfunction caused by alcohol and drug abuse, and debilitating chronic illness and infectious disease leave regional residents struggling to attain optimum health and wellness.

Target / Action:

Create strong and trusting connections between health system and the people served; mobilize and empower youth to take action on their own.

Measures:

- Number of groups formed
- Community activities undertaken

Results:

- Youth health groups successfully established in 11 communities
- Rapidly developing into youth focused momentum taking a "peers helping peers" approach that will continue to grow and through empowering youth be a sustainable approach to health promotion in our region

Keewatin Yatthé Regional Healthy Authority initiative aligned with regional priorities and need

INVOLVEMENT — Youth have been involved in a host of activities across the region.

Better Care

Provincial Breakthrough

Medication Reconciliation

KY Breakthrough Initiative

Medical Reconciliation (Med Rec)

Problem:

Inconsistent information about medications a patient is taking may be placing patients at risk of adverse reactions and possible harm.

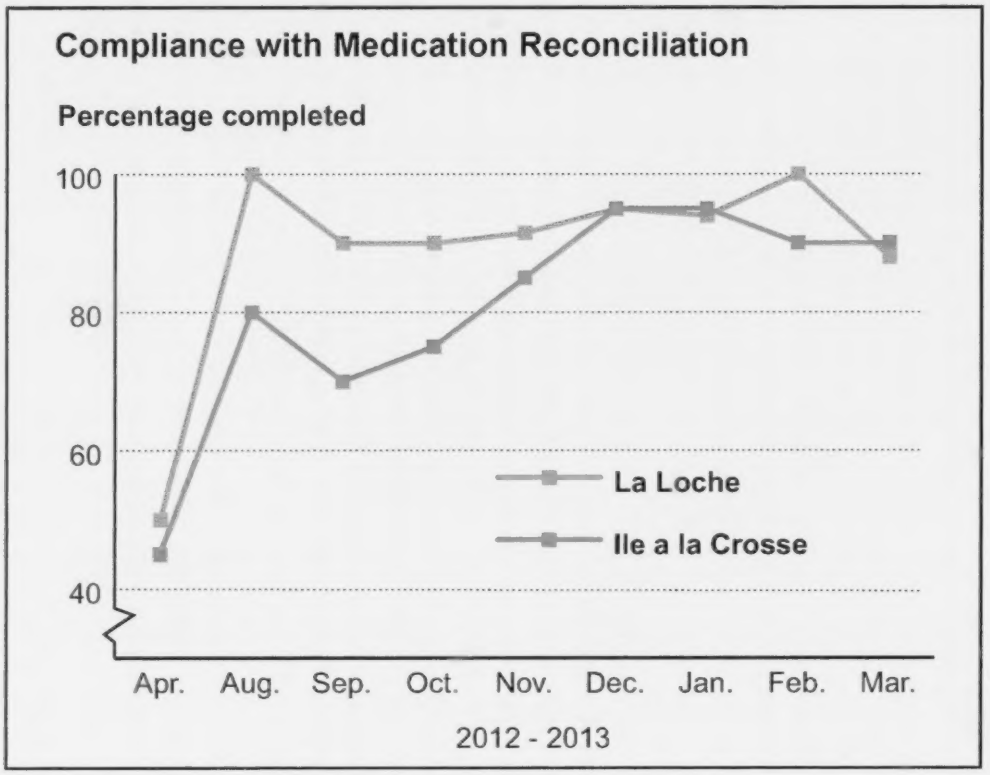
Target / Action:

100 per cent compliance Accreditation Canada ROP for Med Rec

Measures:

- Chart audits
- Patient question: "Have you received a med reconciliation?"

Results:



Five-year Outcome

By March 31, 2017, no adverse events related to medication errors

Five-year Improvement Target

By 2015, medication reconciliation – Med Rec – will be undertaken at all admissions and transfers/ discharges in acute, long-term care and community

2012-13 Breakthrough Initiative

Safety Culture – Focus on Patient and Staff Safety

All RHAs and SCA will comply with Accreditation Canada's required organizational practices for medication reconciliation

Better Teams

Provincial Breakthrough

Adopt Saskatchewan Association for Safe Workplaces in Health (SASWH)

KY Breakthrough Initiative

Safety Management System

Problem:

Staff suffer injury at work causing disability, pain and emotional/mental distress, impacting recruitment and retention, wellness and morale, performance issues and absenteeism.

Target / Action:

With a clear target from the outset of developing a culture of work safety, a course correction midway through the year changed the action focus from developing a comprehensive KYRHA employee safety manual based on Occupational Safety and Health Administration (OSHA) guidelines to ensuring appropriate and mandatory safety audits and training programs were in place throughout the region.

Measures:

- Completed safety audits
- Facility committees up and regularly running
- Number of training programs offered/taken

Results:

- Occupational health safety audits completed across region
- Regional occupation health committee (OHC) developed to oversee all facility OHC activities
- Training calendar developed to address key safety issues and learning gaps; a variety of course offered (Professional Assault Response Training [PART] and Transferring, Lifting and Repositioning [TLR]
- Board chair and CEO sign "Statement on Commitment to Safety"

Five-year Outcome

By March 31, 2017, zero work place injuries

Five-year Improvement Target

By March 31, 2014 100 per cent of regions have implemented a safety management system

2012-13 Breakthrough Initiative

Safety Culture – Focus on Patient and Staff Safety By March 2013, the Saskatchewan Association for Safe Workplaces in Health (SASWH) will be adopted

Better Value

Five-year Outcome

By March 31, 2017, the health care budget is strategically invested in information technology, equipment and facility renewal

Five-year Improvement Target

By March 31, 2015 have achieved an accumulated total savings of $100 M through shared services initiatives

2012-13 Breakthrough Initiative

Identify and Provide Services Collectively through a Shared Services Organization
By March 31, 2013, 65 per cent of goods and services will be procured through a provincial process

Provincial Breakthrough

Identify and provide services collectively through shared services

KY Breakthrough Initiative

Shared Services GHX E-Commerce Implementation

Problem:

Patient care supplies do not consistently arrive in a timely manner; ordering on paper takes additional time and is subject to loss.

Target / Action:

All requisitions to be electronic making movement of supplies consistent and delivery will be faster.

Measures:

- Number of users moved from paper to electronic within specified time frame
- Ordering times
- Delivery times

Results:

- Software purchased and installed
- First wave of training complete, 12 of 20 program areas up and running

Better Teams

Provincial Breakthrough

Not directly aligned with a provincial breakthrough but strongly supporting Better Teams

KY Breakthrough Initiative

Staff Recruitment and Retention

Problem

Target / Action:

Successful recruitment to fill vacancies, while building a resource pool of readily available personnel to fill future vacancies; Better equip managers with the knowledge and tools to promote a fun, positive, highly respectful and respected workplace that encourages staff to remain in our employment; Become the "Employer of Choice;" Offer superior clinical experiences and show appreciation for work performed; Provide managers with the skills necessary to encourage staff to excel; Build a "waiting list" of qualified individuals eager to work for our organization.

In order to achieve targets, the action plan was adjusted to focus on filling vacant nursing position.

Keewatin Yatthé Regional Healthy Authority initiative aligned with regional priorities and need

Measures:

- Positions filled or vacant
- Staffing levels by major groups
- Number of days position vacant

Results:

- Strong focus on filling vacant nursing positions
- Significant improvement in filling vacancies in critical positions, including nursing and out-of-scope management
- Improvement in ability to recruit Canadian graduates

Target of being an "employer of choice" as well as having a waiting list of candidates to fill vacancies as they arise was unrealistic to achieve in a single year. This is a long-term endeavor, requiring considerable "cultural change" that may take three to five years to achieve.

2013-14 HOSHINS

WITH 2012-13 HOSHIN KANRI and associated breakthrough initiative work under way, Keewatin Yatthé Regional Health Authority began a new hoshin kanri cycle for the year ahead, 2013-14. Having gained valuable insight and experience in this new style of strategy development and deployment, as well as attained a better grasp of key elements of Lean thinking and methodology – in particular, focus – the RHA chose to further narrow its focus and tackle only three "must do, can't fail" initiatives for 2013-14:

Early Childhood Development

Recognizing that a significant proportion of the region's population falls into a younger demographic, develop a rationale and architecture to deliver necessary early childhood services, supports and education across disciplines and organizations in support of parents and families raising children. Calls for an interagency approach with partners working together.

- By March 2014, offer an integrated program to parents of young children and prospective parents with a structure and a process to deliver necessary early childhood services, supports and education, across disciplines and support parents and families through the process of raising their children.

Jump Start Electronic Medical Records

Recognizing that safety risks can be mitigated and quality of care significantly enhanced through adoption of electronic medical records, focus efforts on creating the foundation necessary for deploying and maintaining such a system within the region.

- By March 31, 2014, implement an electronic data acquisition and management system (Windows Client Information System - WinCIS); with hardware and software in place and staff trained.

Sick Leave Reduction

Recognizing that Keewatin Yatthé Regional Health Authority has the highest sick leave use of all RHAs in the province, and realizing the impact of culpable and non-culpable sick time use on the delivery of service, cost of business, morale and safety of staff, take focused, strategic action to reduce sick leave.

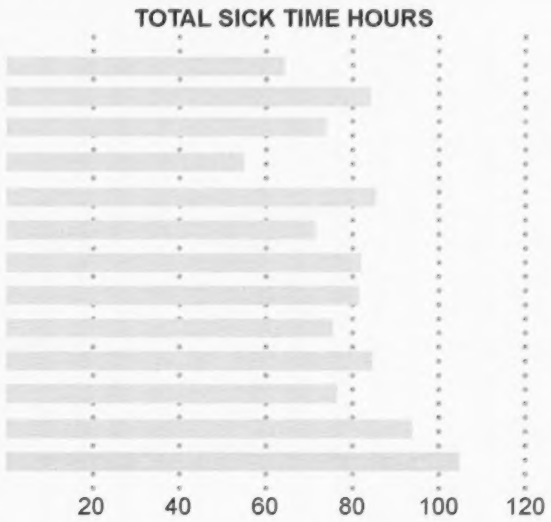
- By March 31, 2014, develop and implement a plan to address culpable and non-culpable use of sick time that will include standard work for sick note processing as well as comprehensive training and support for manager in dealing with sick time issues.

SICK TIME

Sick Time Hours (Tracked in 2011-12 under SOD Initiative 3.2.1-a)
Measure: Number of sick time hours per paid FTE

Sick Time Hours per Paid FTEs by RHAs/SCA and Unions 2012-13

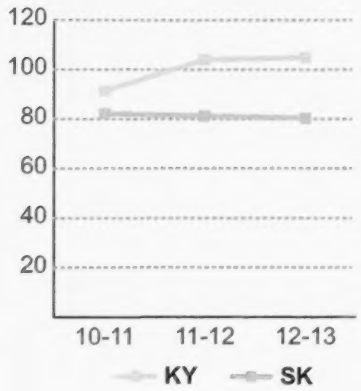
RHAs/SCA	Provider	HSAS	SUN	OOS	Total
Cancer Agency	70.14	n/a	n/a	42.32	64.19
Sun Country	92.92	78.84	74.38	43.22	84.20
Five Hills	83.53	58.02	71.60	21.92	73.83
Cypress	59.06	42.13	57.07	23.99	54.87
Regina Qu'Appelle	88.65	75.91	91.60	49.05	85.38
Sunrise	74.60	58.96	75.10	35.22	71.30
Saskatoon	88.34	71.50	89.65	43.62	81.97
Heartland	88.49	60.42	77.13	40.82	81.48
Kelsey Trail	82.63	67.16	66.85	42.65	75.46
PA Parkland	89.32	74.03	87.23	47.71	84.64
Prairie North	81.80	67.24	72.30	50.25	76.35
Mamawetan CR	95.91	106.06	90.51	66.65	93.64
Keewatin Yatthé	107.36	128.13	77.61	91.08	104.84
Saskatchewan	85.27	72.05	84.67	43.78	80.31



Dashboard Measures Fiscal Year 2012-2013

Target Performance

Sick Time Hours / Paid FTE



Analysis:

A wide variance remains between regional and provincial target results, with the gap continuing to widen (though not as dramatically as in the past). KYRHA continues to have the highest usage in the province.

What's being done?

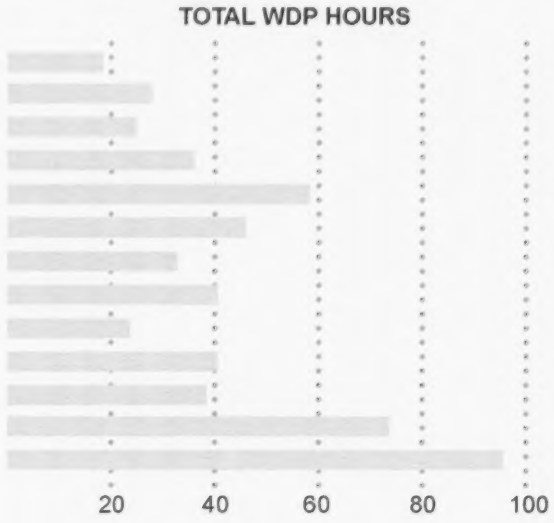
With efforts to curb sick leave use not gaining traction, sick leave assigned as number one "must do, can't fail" regional priority in 2013-14. (See page 37.)

WAGE DRIVEN PREMIUMS

Wage-Driven Premium (WDP) Hours (Tracked in 2011-12 under SOD Initiative 3.2.1-b)
Measure: Number of wage-driven premium hours per paid FTE

Wage-Driven Premium Hours per FTEs by RHAs/SCA and Unions 2012-13

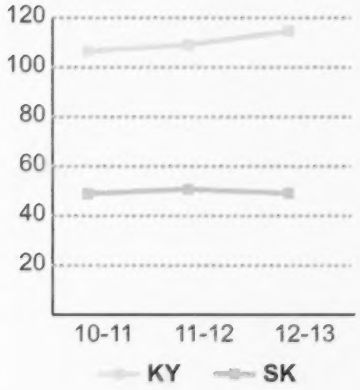
RHAs/SCA	Provider	HSAS	SUN	OOS	Total
Cancer Agency	23.23	n/a	n/a	0.02	18.26
Sun Country	27.73	43.82	34.76	5.06	27.83
Five Hills	24.67	18.75	36.20	2.75	24.77
Cypress	37.73	19.62	49.52	2.68	35.97
Regina Qu'Appelle	52.06	33.01	98.01	3.31	58.17
Sunrise	36.63	35.93	97.89	0.73	45.89
Saskatoon	36.33	10.56	46.02	4.48	32.79
Heartland	37.94	65.74	54.64	0.80	40.50
Kelsey Trail	21.84	25.28	43.33	0.21	23.49
PA Parkland	39.55	5.54	68.63	10.14	40.49
Prairie North	31.28	27.09	76.64	1.84	38.36
Mamawetan CR	63.03	2.87	215.22	0	73.58
Keewatin Yatthé	71.44	145.07	188.33	0	95.53
Saskatchewan	38.49	25.34	69.03	3.59	40.94



Dashboard Measures Fiscal Year 2012-2013

Target Performance

WDP Hours / Paid FTE



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A wide variance remains between regional and provincial target results, with the gap continuing to widen. KYRHA continues to have the highest usage in the province.

What's being done?

With efforts to curb wage-drive premium use not gaining traction, and with a direct corelation to sick leave, wage-driven premiums assigned to in 2013-14 hoshin kanri process. (See page 37.)

CLIENT CONCERNS

Client Concerns Report (April 1, 2012 – March 31, 2013)

Concerns (Logged by QCC)	Q1	Q2	Q3	Q4	Year
Access to Service					
• Waiting time for appointments					
• Refusal or denial of services					
• Limited availability					
• Admission, transfer or discharge	0	4	4	7	15
Care Delivery					
• Technical competence					
• Responsiveness					
• Deportment					
• Provision and results of care	7	11	6	8	32
Communication					
• Lack of knowledge/information of service	1	0	1	1	3
Environmental Factors					
• Personal property, privacy or other					
• Safety	1	1	0	1	3
Cost					
• Billing issues	0	0	0	0	0
Other	2	4	0	5	11
Non-Jurisdictional	0	0	0	0	0
Total	**11**	**20**	**11**	**22**	**64**
Outcome					
• Resolved within 30 days	0	6	0	7	13
• Resolved after 30 days	5	2	0	4	11
• Unresolved concerns	6	12	11	11	40

Concerns by Community:

- Buffalo Narrows.....23
- Dillon 1
- Green Lake.....4
- Ile a la Crosse 11
- La Loche.....23
- Turnor Lake 1

Concerns by Program Area:

- Acute Care 23
- EMS.....1
- Home Care 6
- Lab & Diagnostics 2
- Medical Transportation.....10
- Physician.....1
- Primary Care 16
- Long Term Care.....3
- Other 2

PATIENT SAFETY

Patient Safety Report (April 1, 2012 - March 31, 2013)

Patient Safety Occurrences	Q1	Q2	Q3	Q4	Year
Falls	3	7	7	15	32
Medication	8	3	6	10	27
Other	13	5	9	3	30
Total	**24**	**15**	**22**	**28**	**89**

Definition of an Occurrence

- An event inconsistent with routine, client, patient or resident care
- An injury or potential injury to a client, patient, resident, visitor, physician or contractor
- Damage/loss, or potential damage/loss, of equipment or property
- Equipment malfunction or failure that did, or had the potential to, result in harm to any person

Contributing Factors to Falls

Factors	Times mentioned
Cognitive impairment	2
General weakness	3
Poor balance	8
Reaching or leaning	4
Environment	1
Floor condition	1
Other	7

Medication Events

Event	Number of events
Administered to wrong patient	1
Wrong frequency	1
Incorrect dose given	4
Incorrect drug	1
Other (miscount, incorrect packaging)	2

Contributing Factors to Medication Events

Factor	Times mentioned
Improper patient identification	1
Transcription error	1
Physician order misread	3
Environmental disruption	1
Other (Fatigue, wrong med. in blister pk)	2

PATIENT MAPPING

ALREADY ENGAGED in the provincial Surgical Initiative (using additional provincial funding to assist patients who travel south for surgical procedures with recovery back home in the north), KYRHA participated in the Surgical Patient Experience Project. Two KY mappers followed a patient through pediatric dental surgery, traveling La Loche to Saskatoon to La Loche.

Observing the surgical process from beginning to end from the patient's perspective, over a 36-hour time frame, mappers saw everything but the surgery itself; from pickup in La Loche, the long journey south, an overnight stay, admission to the surgical centre, pre-op and recovery care and the equally long journey home.

Next steps in the process include spreading the story, allowing more direct care providers and immediate support agencies – and new partners – to see and feel care from the patient's prospective in an effort to improve that care and the overall patient experience

Mapper Observations

Local pickup:

- Pickup could be better planned to reduce overall travel time for young, elderly or other riders who have difficulty traveling.

Transport risk/comfort:

- 15-passenger van. Bench seats. Riders complained of being too hot or too cold depending on location in van.

Rest stops:

- Short; only fast or junk food available.

Third-hand smoke:

- After rest stops, third-hand smoke in van.

Accommodation:

- Older hotel, other side of town from surgical centre. Reportedly noisy.

Date: November 28 and 29, 2012
Destination: Prairieview Surgical Centre
Patient: Four-year-old male
Procedure Dental surgery
Mappers: Carol Gillis
Dale West

Round trip, La Loche to Saskatoon return, including surgery took nearly a day and a half.

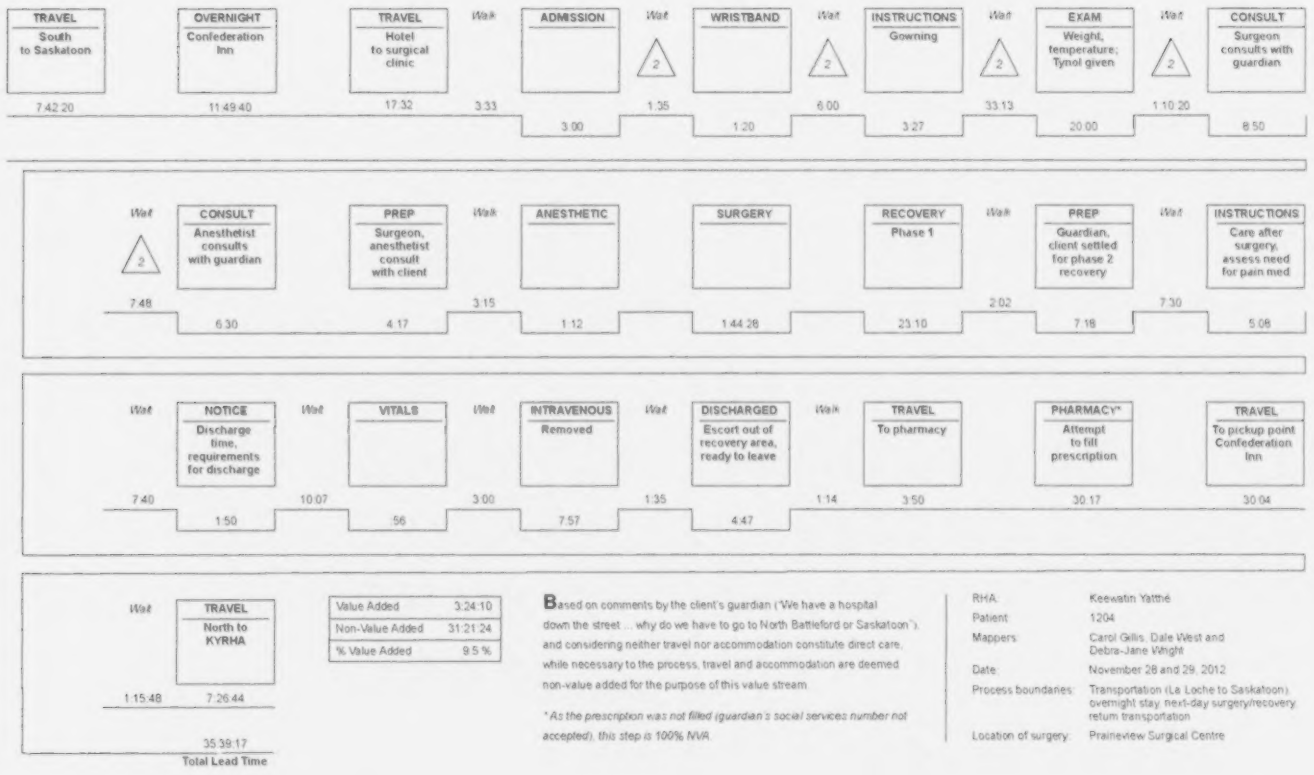
City transportation:

- Client's guardian must arrange own Saskatoon transportation. In-town transportation funding only sufficient for trip to appointment and not return.

Appointment time:

- Hotel restaurant not open early enough for breakfast prior to appointment;
- Client told to report to clinic 15 minutes before scheduled opening time.

Surgical Patient Experience Project — Value Stream Map — Current State



Pre-op form:

- Guardian brought wrong paperwork, causing confusion and frustration. Backup paperwork not readily available.

Communication breakdown:

- Receptionist told guardian form not an issue. Surgeon not in the loop; interrupted patient consult to try to get form.

Privacy:

- Initial client exam done in waiting room; weighed in public washroom. Client fussed, father asked for more private location; exam completed in lobby.

Language barrier:

- Client spoke little English. Anesthetist became more animated to convey information (without success); surgeon became agitated by client's inability to understand.

Standard work:

- In recovery, one nurse provided juice; second nurse quickly swapped for diluted juice.

After surgery transport:

- City travel allotment spent on travel to appointment. When asked how to use the bus, clinic staff unable to provide an answer.

Pickup point:

- Medical taxi heads north after last appointment of day. Riders wait back at the hotel. Having checked out, must wait in the lobby or coffee shop.

Resilient people:

- Asked if waiting in the lobby all afternoon was a chore or hardship, one patient waiting to return north replied, "Give's me a chance to meet with friends and enjoy the company of others."

Accreditation

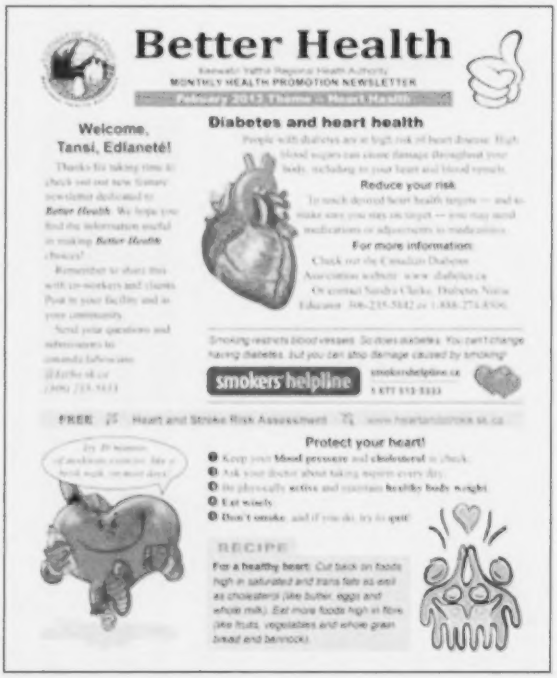
Following completion of self-assessment questionnaires and Worklife Pulse and Patient Safety Culture tools in June, accreditation teams were created and began readying for the Accreditation Canada survey visit in May 2013:

- Governance
- Leadership
- Infection Prevent and Control
- Managing medications
- Primary care services
- Emergency department services
- Emergency medical services
- Home care services
- Long Term Care Services
- Medicine Services (Acute)
- Community Based Mental Health Services
- Public Health Services
- Reprocessing and Sterilization of Reusable Medical Devices

Autism Support Program / Children's Therapeutic Program

Re-established in 2012 with new funding and new workers to support children and youth with autism, the autism support program was expanded into a new children's therapeutic program. A new partnership with Autism Services of Saskatoon brought an autism support worker into the region two weeks per month. Able to draw on the services of a speech and language therapist, an occupational therapist and a physiotherapist, program services were broadened to include children and youth with therapeutic needs such as fetal alcohol spectrum disorder (FASD) as well as those with autism issues. With these changes, the program has seen a four-fold client increase, with further increase likely as word of available services spreads.

Program therapists have been visiting schools to screen and assess children. Covering health issues of early years, school-aged children and youth, the intent of the program is to move services and resources to where children, youth and families are.


Better Health

MONTHLY HEALTH PROMOTION NEWSLETTER

Welcome, Tansi, Edlaneté!

Diabetes and heart health

Reduce your risk

For more information:

smokers helpline

Protect your heart!

RECIPE

BETTER HEALTH NEWS – The monthly health promotion newsletter, Better Health, began circulation in the fourth quarter of 2012-13. Aimed at KYRHA employees –promoting not only better health but sharing information with coworkers, clients, family and friends – information is presented on health themes (tobacco, heart health, nutrition) aimed at increasing awareness of leading healthier lifestyles.

Beauval Health Centre Building Project

Planning to replace the aging Beauval Health Centre took place throughout the year. Staff and community members met to explore functional needs, looking to incorporate design concepts from Lean and the Alaska model of care. A private group expressed interested in constructing a building and renting space back to the health

authority. Potential costs, however, greatly exceeded what the RHA could afford to pay.

In November, a capital request for replacement of the Beauval facility was presented to the Ministry of Health. KYRHA will continue to work with the ministry on this issue.

Colorectal Cancer

Efforts started in 2011 by the Saskatchewan Cancer Agency to expand its early detection program for screening colorectal cancer to communities in northern Saskatchewan continued in 2012, with more Keewatin Yatthé residents between the ages of 50 and 74 years sent advanced fecal immunochemical test (FIT) kits. Tests were mailed to participants or delivered by community healthcare workers. Completed in the privacy of the home, using instructions included with the kit, the FIT can detect blood in the stool that is not visible to the naked eye.

2012 (calendar year) return rate for the kits was 22 per cent, with nine per cent of returned kits indicating "abnormal" results. An abnormal result means that blood was found in the stool sample, but does not necessarily indicate cancer. Results are sent to a family doctor or a medical clinic. Individuals are then contacted about appropriate follow-up care, which may include diagnostic testing such as colonoscopy.

Employee and Family Assistance Program (EFAP)

Face-to-face counseling was added to services available through the employee and family assistance program (EFAP) to employees in need of help with life challenges. In addition to online and toll-free phone confidential health and wellness services provided by Homewood Solutions (EFAP provincial provider since October 2011), onsite, face-to-face counseling was arranged, with dates starting in December 2012 and continuing through January, February and March 2013. The counselor was scheduled to alternately visit Ile a la Crosse one month and La Loche the next. One day per month onsite provided some face-to-face service, but didn't match the six days per month delivered by the former regional provider. Program cost remained the same, $60,000, with the former fee for regional service set as the RHA contribution for provincial service.

Gateway Online

KYRHA earning statements went green May 2012 as the RHA stopped issuing paper pay stubs and employees started accessing online pay information. One of the new features introduced to Gateway Online (GO), online pay statements let employees to see current pay statements earlier in the week in addition to being able to view past statements – with the new system offering enhanced security for confidential pay information.

Another new feature allows employees to electronically make changes or revisions to personal information (such as name, address, gender, marital status, emergency contacts and direct deposit). Yet another feature, myTalent, allows users to create and maintain a record of career related information (including licenses, education, courses/training, languages, memberships, skills and work experience).

Because all employees don't use or have access to a computer as part of their regular job duties, computer kiosks were installed at St. Joseph's Health Centre in Ile a la Crosse and at the La Loche Health Centre, the region's largest facilities, to give those employees access at work. Users can also access their pay and personal information 24 hours a day, seven days a week from any computer with Internet access.

To the end of March, 2013, over 89 per cent of KYRHA employees with access to Gateway Online had logged in and activated accounts.

Convenient for employees, Gateway Online saves the health region time and money, eliminating the need to print and distribute paper earning statement as well as reducing data entry time by payroll clerks.

Human Resources

A review of human resources (HR) services in June and July by The People Group (TPG) laid the ground work for development of an HR strategic plan to integrate human resource management strategies and systems needed to achieve the RHA's mission and objectives while meeting the needs of employees and stakeholders. Strategic planning sessions held in August defined roles and responsibilities as well as targeted areas of focus. Foundational components of service delivery were identified that need strengthening to provide optimal service to the RHA, with a strong HR department needed to address sick leave and overtime as well as vacancies.

Strategic plan recommendations to move the organization forward — ensuring safe, friendly facilities where clients receive superior service and staff are respected and valued – included:

- Developing a more structured internal communications process;
- Examining goals, roles and expectations, outlining job descriptions and reviewing workloads;
- Establishing and nurturing an atmosphere of trust, allowing people to share ideas, concerns, thoughts and feelings;
- Developing a performance management program focused on self improvement and the concept of "no shame – no blame."

Resprentative of core organizational values, a human resources code of conduct furthered excellence through PRIDE: Professionalism, respect, integrity, dedication, engagement.

By November signs of positive change were noted in staff comments about "improved service." Improved reporting from the department provided data for analysis and decision making based on greater knowledge. Change management challenges remain, with a need to address fears and resistance to change and improvements that can affect moral.

Information Technology

With information technology (IT) needs growing in number and complexity, the health authority added an information services coordinator position to increase in-region service capacity. As the search continued for a qualified candidate, temporary help was provided through the Keewatin Career Development Corporation.

Key Positions Filled

- Executive Director of Health Services (Internal applicant)
- Director of Acute and Clinical Services (External applicant)
- Director of Emergency Medical Services (Internal applicant)
- Nurse Educator (Internal applicant)
- Director of Community Health Development and Health Promotion (External Applicant)
- Director of Finance (External applicant*)
- Coordinator of Information Services (External applicant*)

* *Recruited from Ireland, 2012 AEEI Ministry Ireland Mission; Saskatchewan Immigrant Nominee Program applicants; arriving April 2013)*

Mental Health and Addictions Review

In the last months of 2012-13, KYRHA reviewed mental health and addictions services. The review examined program structure, service scope, content and delivery, staff composition, staff qualifications and skills sets, population structure, target populations and succession planning.

With program utilization data indicating low use of KY services by youth, a significant shift of resources was sought towards child and youth development. Programs would be adjusted to build services and supports attractive and supportive of youth mental health and developmental needs. As opportunities arose, mental health and addiction workers would be placed in schools on a regular basis to form stronger relationships with school staff, community and youth.

REMOTE PRESENCE — Professors began beaming in from the south to remotely instruct and mentor nursing students in the north.

Remote Nursing Education

The University of Saskatchewan College of Nursing began using remote presence technology in September 2012 to deliver undergraduate nursing education to students in Ile a la Crosse and Air Ronge. RP7i "community nursing robots" let faculty experts teach and assess clinical competencies and allowed northern students "learn where they live."

Support the school's distributed undergraduate Bachelor of Science in Nursing program, each robot is mounted with a flat-screen articulated monitor that displays the professor's face and a dual camera system (capable of zooming to produce a full-screen view of a fingernail) that transmits images of students or patients back to the professor. Connected over the Internet through local Wi-Fi service, the robots are accessed and operated remotely with a laptop and joystick.

"The goal of launching remote presence technology is to address the critical shortage of healthcare workers in rural and remote communities," said Lorna Butler, College of Nursing dean. "The pursuit of post-secondary education should not be disadvantaged by geography. This technology will help us overcome many of the barriers to accessing continuing education and health services, by offering students the opportunity to obtain a first-class education without leaving their communities."

Following a naming contest open to community members, the St. Joseph's Health Centre robot goes by the name IleXPERT – Pert for short – combining an abbreviation for Ile a la Crosse with an acronym for the robot, "professional expertise remote technology".

Today, PERT is helping students learn nursing skills. One day in the not too distance future, once work on the St. Joseph's Health Centre wireless network is complete, the robot will be able to move freely about the health facility, able to electronically transport distance medical specialists into hospital rooms to assist onsite caregivers deliver patient-first quality care.

Workplace Wellness

Enthusiastic about making positive changes to the health and wellness of staff and their family members, the KYRHA workplace wellness committee drafted wellness and health food policies, held "foodie nights" to promote making appetizing, healthy meals with locally available ingredients and presented the Healthy Healthcare Leadership Charter to management. The charter supports continuous improvement of the health of all Canadian healthcare workplaces and is founded on the principle that better healthcare can be achieved through healthier healthcare workplaces.

EQUIPMENT, SOFTWARE AND PROCESS RENEWAL

Blood Glucose Meters

- St. Joseph's Health Centre, Ile a la Crosse, La Loche Health Centre
- Provincial upgrade; hand-held, rechargeable Accu-Check Inform II blood glucose meters, linked to an external Cobas IT 1000 data management system

Expanded Lab Testing Capabilities

- Acetaminophen
  - » to detect Tylenol overdose
- Lactate testing
  - » to determine if sepsis is in the system

Fetal Fibronectin Monitors

- St. Joseph's Health Centre, Ile a la Crosse, La Loche Health Centre
- Used to determine if a pregnant woman is in active labor
- Reduces need for prenatal patient travel to Saskatoon for testing (with patient often sent home the next day with negative results)
- Reduce unnecessary medivacs
- Lessen patient and physician stress

MDS Home Care Software

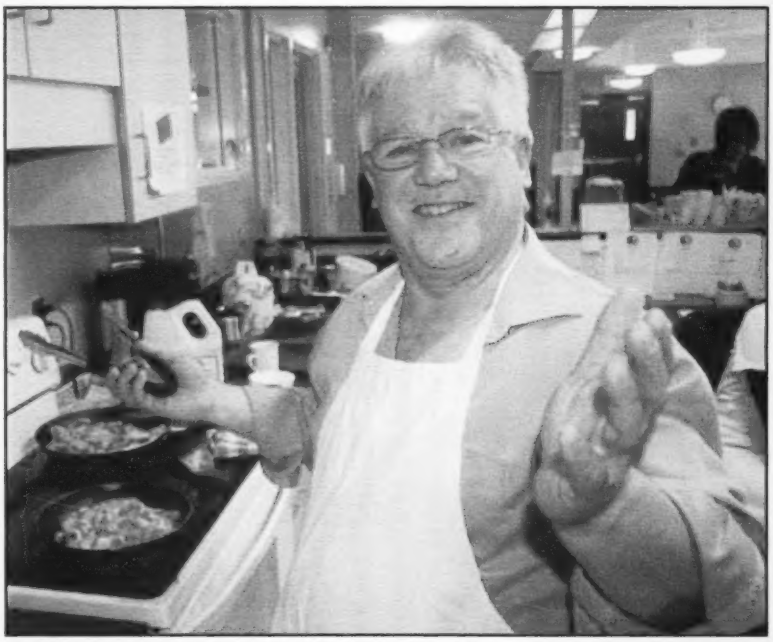
- Regional home care sites
- Computer tablets and upgraded Produra MDS software for in-home client assessments.

Onix Budget Software

- Labour saving device, aided development of 2013-14 budget

Power Stretchers

- All ambulance stations
- Battery-powered hydraulic system raises and lowers patient with the touch of a button
- Reduce strenuous lifting and the associated risk of back injury for EMS personnel



NURSING WEEK CELEBRATION — (Right) Jean Marc Desmeules supervises the grill during Nursing Week breakfast at St. Joesph's Health Centre. (Top left) Sally Aquinaldo, (bottom left, left to right) Michael Kucharski, Lyndsay McCallum and Marlene Thompson.

Corrective Action for Projected Deficit

With a $300,000 deficit for 2012-13 being projected in the third quarter, a corrective action plan was necessary to keep the region's finances on track for the remainder of the year.

In December, the health authority invoked a two-part corrective action plan:

(1) Continue to:

- Strengthen human resources capacity to support management in addressing employee issues;
- Identify program areas significantly over budget as well as improvement initiatives to create solutions
- Work with physicians to reduce after hours call backs for lab services by bundling tests

(1) Take additional action to

- Develop standard work for the ordering of medications to eliminate duplicate ordering and inventory waste
- Restrict all out of region travel to that approved by CEO
- Freeze spending on all small equipment purchases
- Develop a program to aggressively address sick time abuse
- Investigate an opportunity to settle Health Canada pharmacy audit for less than the originally booked liability
- Reduce the cost of propane through recent tender

At year end, thanks to reduced liability associated with the Health Canada audit as well as recouped fees paid to Accreditation Canada, the RHA recorded a $206,000 surplus.

FINANCIAL INFORMATION

May 24, 2013

Keewatin Yatthé Regional Health Authority

Report of Management

The accompanying financial statements are the responsibility of management and are approved by the Keewatin Yatthé Regional Health Authority. The financial statements have been prepared in accordance with Canadian Generally Accepted Accounting Principles and the Financial Reporting Guide issued by Saskatchewan Health, and of necessity include amounts based on estimates and judgments. The financial information presented in the annual report is consistent with the financial statements.

Management maintains appropriate systems of internal control, including policies and procedures, which provide reasonable assurance that the Region's assets are safeguarded and the financial records are relevant and reliable.

The Authority is responsible for reviewing the financial statements and overseeing Management's performance in financial reporting. The Authority meets with Management and the external auditors to discuss and review financial matters. The Authority approves the financial statements and the annual report.

- The appointed auditor conducts an independent audit of the financial statements and has full and open access to the Finance/Audit Committee. The auditor's report expresses an opinion on the fairness of the financial statements prepared by Management.

Richard Petit
Chief Executive Officer

Edward Harding
Executive Director of
Finance and Infrastructure

2012-13 FINANCIAL OVERVIEW

THE ACCOUNTS of Keewatin Yatthé Regional Health Authority (KYRHA) are maintained in accordance with the restricted fund method of accounting for revenues. Consequently, you will see an "operating fund" and a "capital fund" in these statements. The operating fund records the revenue received and the expenses incurred to provide daily health care services to the residents of the region. The capital fund records revenue received to purchase equipment/infrastructure and the expenses relating to the cost of equipment and infrastructure used in the delivery of health care services.

Operating Fund

This is the first set of financial statements prepared in accordance with Canadian Public Sector Accounting Standards with retroactive effect to April 1, 2011. As a result of adopting these standards, KYRHA has recorded a sick leave liability of $711,500 as noted in the April 1, 2011 column on Statement 1. By recording this sick leave liability, the operating fund Unrestricted account went from a surplus of $250,000 to a deficit of $461,500. For successive fiscal years, KYRHA has recorded the net change in the sick leave liability which now stands at $738,000 as at 31 March 2013.

KYRHA ended the fiscal year with a surplus of $206,513 in its operating fund as noted on Statement 2 of the financial statements. The surplus has been applied against the operating fund unrestricted deficit which now stands at $264,986 as at 31 March 2013. Until the unrestricted deficit is eliminated, KYRHA will not be able to transfer future surpluses to the internally restricted fund (Schedule 4). This fund is used to purchase new or replace broken equipment in order to continue providing health care services.

As of March 2013, the operating fund had a working capital surplus of $463,191. The working capital ratio is an indication of an organization's ability to pay its financial obligations in a timely manner. This indicator is calculated as "current assets" less "current liabilities" in the operating fund as per the Statement of Financial Position in the audited financial statements. Currently, the region is operating with a positive 6.18 days of working capital in the operating fund.

Expenditures

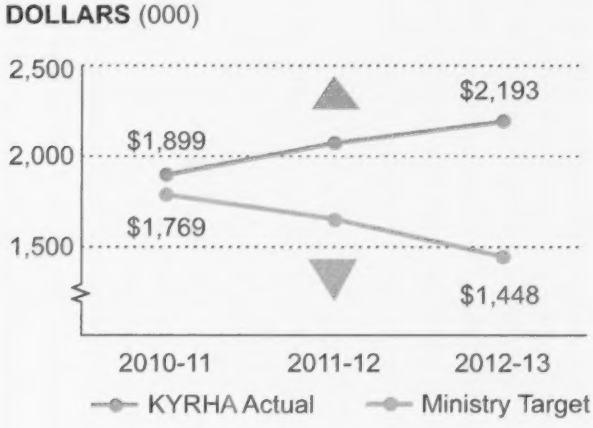
The actual operating fund expenses for 2012-13 were $27.374 million, which equates to spending $74,998 per day to deliver health care services within our region. The $27.374 million in operating expenses represents a 1.14 per cent increase over 2011-12 actual operating expenses. When compared to the 2012-13 budget, actual expenses increased by $266,000 of which $261,000 relates to salaries. The delivery of health care is very labour intensive. Of the $27.374 million spent, eighty one per cent (81 per cent) relates to salaries and benefits paid to employees.

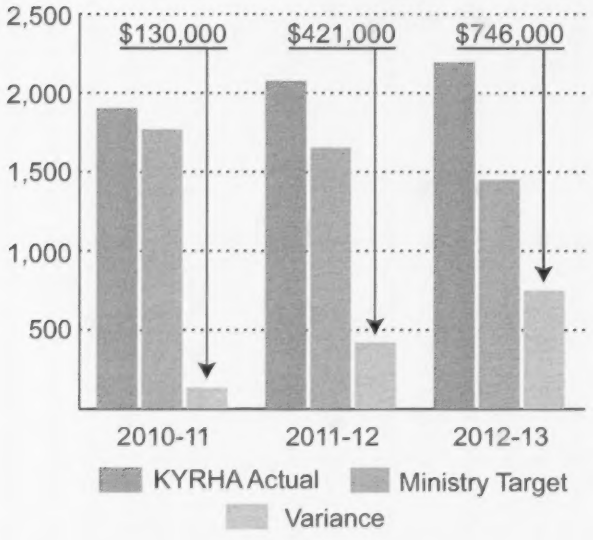
With respect to salaries, there are two areas of concern:

1. The increasing cost of sick leave. For fiscal 2012-13, KYRHA saw a $21,621 increase when compared to the previous fiscal year. Sick leave cost $758,560 in the 2012-13 fiscal year. Included into this total is medical care leave valued at $63,369. "Medical care leave" allows an employee to use up to sixteen hours of paid leave to attend to personal health matters that cannot be dealt with outside of scheduled work time.
2. The increasing cost of wage driven premiums is mainly comprised of bringing staff back to cover shifts at overtime and callback rates. For fiscal 2012-13, KYRHA saw a $92,655 increase when compared to the previous fiscal year. Wage driven premiums cost $1,498,231 in the 2012-13 fiscal year.

COMPARISON

Sick Leave and Wage-Driven Premiums* – Actual vs. Ministry of Health targets





Does not include medical travel

Since fiscal 2010-11, the Ministry of Health has been setting financial targets for the reduction of sick leave and wage driven premiums. Over the past three fiscal years, KYRHA has not been meeting these targets. KYRHA is seeing sick leave and wage driven premiums costs increasing while our Ministry of Health operating grant is decreasing. Had KYRHA met the accumulated reduction targets up to 31 March 2013, KYRHA would have reported an additional $746,000 as surplus for the 2012-13 fiscal year. Certainly an opportunity lost that could have helped improve health care delivery to the residents in the region.

Revenue

Actual operating fund revenues totaled $27.581 million, of which Ministry of Health funding accounted for $25.358 million or ninety two per cent (92 per cent) of the region's total funding. When compared to the 2012-13 budget, Ministry of Health actual funding for the year increased by $321,000. The majority of the increase in revenue relates to program enhancements and employee rate changes.

Capital Fund

KYRHA ended the fiscal year with a deficit of $1,116,200 in its capital fund as noted on Statement 2 of the financial statements. Actual revenue totaled $74,519 while actual expenses totaled $1,190,719. The expenses represent the allocation of capital assets' cost over their estimated useful life.

The region spent $276,253 for equipment in the 2012-13 fiscal year as noted on Statement 4 of the financial statements. The sources for funding these purchases can be found on:
Schedule 3 for $121,007
Schedule 4 for $146,877
Note 5 – Deferred Revenue for $8,369

Other

KYRHA holds special purpose funds that are classified as "deferred funds". These funds are held for specific purposes and can only be drawn down when those conditions are met. As of March 2013, deferred funds totaled $1,437,274. These deferred funds are listed in Note 5 of the financial statements and are broken down by Ministry of Health and other categories.

The Wholistic Health of Keewatin Yatthé Health Region Residents

Keewatin Yatthé Regional Health Authority

Financial Statements 2012 -13

Financial Statements 2012 - 13

Table of Contents

Management's Responsibility 3
Independent Auditor's Report 4

Statements

Statement of Financial Position 5
Statement of Operations 6
Statement of Changes in Fund Balances 7
Statement of Cash Flow 8

Notes to the Financial Statements

Legislative Authority 9
Significant Accounting Policies 9
Capital Assets 11
Commitments 12
Deferred Revenue 13
Net Change in Non-Cash Working Capital 15
Patient and Resident Trust Accounts 15
Related Parties 15
Comparative Information 18
Employee Future Benefits 18
Budget 19
Financial Instruments 20
Interfund Transfers 23
Volunteer Services 23
Pay for Performance 23
Transition to Public Sector Accounting Standards 23

Schedules

Schedule of Expenses by Object 26
Schedule of Investments 27
Schedule of Externally Restricted Funds 28
Schedule of Internally Restricted Funds 29
Schedule of Board Member Remuneration 30
Schedule of Senior Management Remuneration 31

Management's Responsibility

To the Saskatchewan Ministry of Health:

Management is responsible for the preparation and presentation of the accompanying financial statements, including responsibility for significant accounting judgments and estimates in accordance with Canadian public sector accounting standards and ensuring that all information in the annual report is consistent with the statements. This responsibility includes selecting appropriate accounting principles and methods, and making decisions affecting the measurement of transactions in which objective judgment is required.

In discharging its responsibilities for the integrity and fairness of the financial statements, management designs and maintains the necessary accounting systems and related internal controls to provide reasonable assurance that transactions are authorized, assets are safeguarded and financial records are properly maintained to provide reliable information for the preparation of financial statements.

The Board of Directors is composed entirely of Directors who are neither management nor employees of the Organization. The Board is responsible for overseeing management in the performance of its financial reporting responsibilities, and for approving the financial information included in the annual report. The Board fulfils these responsibilities by reviewing the financial information prepared by management and discussing relevant matters with management and external auditors. The Board is also responsible for recommending the appointment of the Organization's external auditors.

MNP LLP is appointed by the Board of Directors to audit the financial statements and report directly to them; their report follows. The external auditors have full and free access to, and meet periodically and separately with, both the Board and management to discuss their audit findings.

Richard Pettit
Chief Executive Officer

Edward Hawkins
Executive Director of
Finance and Infrastructure

Independent Auditors' Report

To the Board of Directors of Keewatin Yatthe' Regional Health Authority:

We have audited the accompanying financial statements of Keewatin Yatthe' Regional Health Authority, which comprise the statements of financial position as at March 31, 2013, March 31, 2012 and April 1, 2011 and the statements of operations, changes in fund balances, cash flow and the related schedules for the years ended March 31, 2013 and March 31, 2012, and a summary of significant accounting policies and other explanatory information.

Management's Responsibility for the Financial Statements
Management is responsible for the preparation and fair presentation of these financial statements in accordance with Canadian Public Sector Accounting Standards, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility
Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with Canadian generally accepted auditing standards. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained in our audits is sufficient and appropriate to provide a basis for our audit opinion.

Opinion
In our opinion, the financial statements present fairly, in all material respects, the financial position of Keewatin Yatthe' Regional Health Authority as at March 31, 2013, March 31, 2012 and April 1, 2011 and the results of its operations and its cash flows for the years ended March 31, 2013 and March 31, 2012 in accordance with Canadian Public Sector Accounting Standards.

Prince Albert, Saskatchewan

May 24, 2013

MNP LLP

Chartered Accountants

Keewatin Yatthé Regional Health Authority

Statement 1

Statement of Financial Position
As at March 31, 2013

	Operating Fund	Restricted Capital Fund	Total March 31, 2013	Total March 31, 2012 (Note 9)	Total April 1, 2011
ASSETS					
Current assets					
Cash and short-term investments (Note 7, Schedule 2)	$ 3,848,127	$ 1,250,002	$ 5,098,129	$ 4,876,954	$ 4,798,355
Accounts receivable					
Ministry of Health - General Revenue Fund	-	-	-	83,955	444,936
Other	780,958	37	780,995	581,070	572,367
Inventory	304,488	-	304,488	294,799	335,811
Prepaid expenses	274,511	-	274,511	235,789	144,760
	5,208,084	1,250,039	6,458,123	6,072,567	6,296,229
Investments (Note 2, Schedule 2)	9,823	1,089	10,912	9,623	7,886
Capital assets (Note 3)	-	23,011,963	23,011,963	23,926,429	24,918,530
Total Assets	$ 5,217,907	$24,263,091	$ 29,480,998	$ 30,008,619	$ 31,222,645
LIABILITIES & FUND BALANCES					
Current liabilities					
Accounts payable (Note 7)	$ 1,516,064	$ -	$ 1,516,064	$ 1,298,175	$ 1,432,550
Accrued salaries	444,857	-	444,857	393,006	760,253
Vacation payable	1,346,698	-	1,346,698	1,338,497	1,402,522
Deferred Revenue (Note 5)	1,437,274	-	1,437,274	1,349,651	1,367,916
	4,744,893	-	4,744,893	4,379,329	4,963,241
Long term liabilities					
Employee future benefits (Note 10.b)	738,000	-	738,000	721,500	711,500
Total Liabilities	5,482,893	-	5,482,893	5,100,829	5,674,741
Fund Balances:					
Invested in capital assets	-	23,011,963	23,011,963	23,926,429	24,918,530
Externally restricted (Schedule 3)	-	257,607	257,607	313,614	474,826
Internally restricted (Schedule 4)	-	993,521	993,521	1,139,247	616,048
Unrestricted	(264,986)	-	(264,986)	(471,500)	(461,500)
Fund balances – (Statement 3)	(264,986)	24,263,091	23,998,105	24,907,790	25,547,904
Total Liabilities & Fund Balances	$ 5,217,907	$24,263,091	$ 29,480,998	$ 30,008,619	$ 31,222,645

Commitments (Note 4)
Pension Plan (Note 10.a)

Approved by the Board of Directors:

The accompanying notes and schedules are part of these financial statements.

Keewatin Yatthé Regional Health Authority

Statement 2

Statement of Operations
For the Year Ended March 31, 2013

	Operating Fund			Restricted Capital Fund	
	Budget 2013	2013	2012	2013	Total 2012
REVENUES			(Note 9)		(Note 9)
Ministry of Health - general	$ 25,037,646	$ 25,358,157	$ 25,015,142	$ 63,369	$ 10,242
Other provincial	457,656	503,976	601,656	-	-
Federal government	85,000	-	85,000	-	-
Patient & client fees	1,265,600	1,141,501	1,264,496	-	-
Out of province (reciprocal)	12,500	20,939	14,768	-	-
Donations	-	10	20	520	520
Investment	35,000	42,725	39,130	-	-
Recoveries	40,500	44,429	183,834	10,630	11,824
Other	174,410	469,108	299,299	-	-
Total revenues	**27,108,312**	**27,580,845**	**27,503,345**	**74,519**	**22,586**
EXPENSES					
Inpatient & resident services					
Nursing Administration	399,701	228,917	312,875	275	23
Acute	4,380,112	4,535,362	4,589,402	91,594	83,160
Supportive	1,574,216	1,913,890	1,823,780	33,798	34,039
Total inpatient & resident services	**6,354,029**	**6,678,169**	**6,726,057**	**125,667**	**117,222**
Physician compensation	**60,000**	**43,156**	**39,000**	**-**	**-**
Diagnostic & therapeutic services	**1,822,353**	**1,869,560**	**1,933,352**	**52,505**	**53,921**
Community health services					
Primary health care	2,604,282	2,892,320	2,629,085	17,206	14,220
Home care	1,428,101	1,433,167	1,414,057	840	1,050
Mental health & addictions	3,025,629	2,473,299	2,636,617	1,313	1,219
Population health	2,681,242	2,666,252	2,502,604	25,909	24,191
Emergency response services	2,317,315	2,456,539	2,442,185	43,033	41,733
Total community health services	**12,056,569**	**11,921,577**	**11,624,548**	**88,301**	**82,413**
Support services					
Program support	3,117,334	2,973,350	2,775,903	75,081	72,283
Operational support	3,621,027	3,796,667	3,804,557	849,165	853,530
Other support	77,000	75,353	73,258	-	-
Employee future benefits	-	16,500	10,000	-	-
Total support services	**6,815,361**	**6,861,870**	**6,663,718**	**924,246**	**925,813**
Total expenses (Schedule 1)	**27,108,312**	**27,374,332**	**26,986,675**	**1,190,719**	**1,179,369**
Excess (deficiency) of revenues over expenses	**$ -**	**$ 206,513**	**$ 516,670**	**$ (1,116,200)**	**$ (1,156,783)**

The accompanying notes and schedules are part of these financial statements.

Keewatin Yatthé Regional Health Authority

Statement 3

Statement of Changes in Fund Balances
For the Year Ended March 31, 2013

2013	Operating Fund	Capital Fund	Total 2013
Fund balance, beginning of year	$ (471,500)	$ 25,379,291	$ 24,907,791
Excess (deficiency) of revenues over expenses	206,513	(1,116,200)	(909,687)
Interfund transfers (Note 13)	-	-	-
Fund balance, end of year	$ (264,986)	$ 24,263,091	$ 23,998,105

2012	Operating Fund	Capital Fund	Total 2012
			(Restated, note 16)
Fund balance, beginning of year	$ (461,500)	$ 26,009,404	$ 25,547,904
Excess (deficiency) of revenues over expenses	516,670	(1,156,783)	(640,114)
Interfund transfers (Note 13)	(526,670)	526,670	-
Fund balance, end of year	$ (471,500)	$ 25,379,291	$ 24,907,790

The accompanying notes and schedules are part of these financial statements.

Keewatin Yatthé Regional Health Authority

Statement 4

Statement of Cash Flow
For the Year Ended March 31, 2013

	Operating Fund		Restricted Capital Fund	
	2013	2012 (Note 9)	2013	2012 (Note 9)
Cash Provided by (used in):				
Operating activities:				
Excess (deficiency) of revenue over expenditure	$ 206,513	$ 516,670	$ (1,116,200)	$ (1,156,783)
Net change in non-cash working capital (Note 6)	205,628	(643,448)	10,767	370,060
Amortization of capital assets	-	-	1,190,719	1,179,369
	412,141	(126,778)	85,286	392,646
Capital activities:				
Purchase of capital assets				
Equipment	-	-	(276,253)	(187,268)
	-	-	(276,253)	(187,268)
Net increase (decrease) in cash & short term investments during the year	412,141	(126,778)	(190,966)	205,377
Cash & short term investments, beginning of year	3,435,986	4,089,434	1,440,968	708,921
Interfund transfers (Note 13)	-	(526,670)	-	526,670
Cash & short term investments, end of year (Schedule 2)	**$ 3,848,127**	**$ 3,435,986**	**$ 1,250,002**	**$ 1,440,968**

The accompanying notes and schedules are part of these financial statements.

Notes to the Financial Statements
As at March 31, 2013

1. Legislative Authority

The Keewatin Yatthé Regional Health Authority (RHA) operates under *The Regional Health Services Act* (The Act) and is responsible for the planning, organization, delivery, and evaluation of health services it is to provide within the geographic area known as the Keewatin Yatthé Health Region, under section 27 of *The Act*. The Keewatin Yatthé RHA is a non-profit organization and is not subject to income and property taxes from the federal, provincial, and municipal levels of government. The RHA is a registered charity under the *Income Tax Act* of Canada.

2. Significant Accounting Policies

These financial statements have been prepared in accordance with Canadian public sector accounting (PSA) standards, issued by the Public Sector Accounting Board of the Canadian Institute of Chartered Accountants (CICA). The RHA has adopted the standards for government not-for-profit organizations, set forth at PSA Handbook section PS 4200 to PS 4270. As these are the RHA's first financial statements prepared in accordance with PSA standards, Section PS 2125, First-time Adoption by Government Organizations, has been applied. The RHA has also chosen to early adopt Section PS 3450, Financial Instruments, as further explained in Note 12.

The RHA's financial statements were previously prepared in accordance with Canadian generally accepted accounting principles (Canadian GAAP), as set forth in Part V of the CICA Handbook. The impact of the transition from Canadian GAAP to public sector accounting standards is described in Note 16.

a) Fund Accounting

The accounts of the Keewatin Yatthé Regional Health Authority are maintained in accordance with the restricted fund method of accounting for revenues. For financial reporting purposes, accounts with similar characteristics have been combined into the following major funds:

i) Operating Fund

The operating fund reflects the primary operations of the Regional Health Authority including revenues received for provision of health services from Saskatchewan Health - General Revenue Fund, and billings to patients, clients, the federal government and other agencies for patient and client services. Other revenue consists of donations, recoveries and ancillary revenue. Expenses are for the delivery of health services.

ii) Capital Fund

The capital fund is a restricted fund that reflects the equity of the Regional Health Authority in capital assets after taking into consideration any associated long-term debt. The capital fund includes revenues from Saskatchewan Health - General Revenue Fund provided for construction of capital projects and/or the acquisition of capital assets. The capital fund also includes donations designated for capital purposes by the contributor. Expenses consist primarily of amortization of capital assets.

Notes to the Financial Statements
As at March 31, 2013

b) Revenue

Unrestricted revenues are recognized as revenue in the Operating Fund in the year received or receivable if the amount to be received can be reasonably estimated and collection is reasonably assured.

Restricted revenues related to general operations are recorded as deferred revenue and recognized as revenue of the Operating Fund in the year in which the related expenses are incurred. All other restricted revenues are recognized as revenue of the appropriate restricted fund in the year.

c) Capital Assets

Capital assets are recorded at cost. Normal maintenance and repairs are expensed as incurred. Capital assets, with a life exceeding one year, are amortized on a straight-line basis over their estimated useful lives as follows:

Buildings	2½% to 5%
Leasehold improvements	5%
Equipment	5% to 33%

Donated capital assets are recorded at their fair market value at the date of contribution (if fair value can be reasonably determined).

d) Inventory

Inventory consists of general stores and pharmacy. All inventories are held at the lower of cost or net realizable value as determined on the first in, first out basis.

e) Employee Future Benefits

i) Pension

Employees of the Keewatin Yatthé Regional Health Authority participate in several multi-employer defined benefit pension plans or a defined contribution plan. The Keewatin Yatthé Regional Health Authority follows defined contribution plan accounting for its participation in the plans. Accordingly, the Keewatin Yatthé Regional Health Authority expenses all contributions it is required to make in the year.

ii) Accumulated Sick Leave Benefit Liability

The RHA provides sick leave benefits for employees that accumulate but do not vest. The RHA recognizes a liability and an expense for sick leave in the period in which employees render services in return for the benefits. The liability and expense is developed using an actuarial cost method.

f) Measurement Uncertainty

These financial statements have been prepared by management in accordance with Canadian public sector accounting standards. In the preparation of the financial statements, management makes various estimates and assumptions in determining the reported amounts of assets and liabilities, revenues and expenses and in the disclosure of contractual obligations and contingencies. Changes in estimates and assumptions will occur based on the passage of time and the occurrence of certain future events. The changes will be reported in earnings in the period in which they become known.

g) Financial Instruments

Cash, short-term investments, accounts receivable, long-term investments, accounts payable, accrued salaries and vacation payable are classified in the fair value category. Gains and losses on these financial instruments are recognized in the Statement of Operations when the financial asset is derecognized due to disposal or impairment. Long term debt and mortgages payable are carried at amortized cost.

Financial assets in the fair value category are marked-to-market by reference to their quoted bid price. Sales and purchases of investments are recorded on the trade date. Investments consist of guaranteed investment certificates, term deposits, bonds and debentures. Transaction costs related to the acquisition of investments are expensed.

As at March 31, 2013 (2012 – none), the RHA does not have any outstanding contracts or financial instruments with embedded derivatives. Financial assets are categorized as level 1 in the fair value hierarchy.

3. Capital Assets

	March 31,2013			March 31,2012
Description	Cost	Accumulated Amortization	Net Book Value	Net Book Value
Land	$ 115,000	$ -	$ 115,000	$ 115,000
Buildings/Leasehold Improvements	28,275,044	(6,787,921)	21,487,123	22,348,167
Equipment	5,625,652	(4,215,811)	1,409,841	1,463,262
	$ 34,015,696	$ (11,003,732)	$ 23,011,963	$ 23,926,429

4. Commitments

a) Operating Leases

Minimum annual payments under operating leases on property and equipment over the next five fiscal years are as follows:

2013-2014	$	365,216
2014-2015	$	102,444
2015-2016	$	62,357
2016-2017	$	-
2017-2018	$	-

Notes to the Financial Statements
As at March 31, 2013

5. Deferred Revenue

As at March 31, 2013	Balance Beginning of Year	Less Amount Recognized Operating	Less Amount Recognized Capital	Add Amount Received	Balance End of Year
Sask Health Initiatives					
Aboriginal Awareness Training	$ 10,586	$ -	$ -	$ -	$ 10,586
Autism Framework and Action Plan	101,416	38,808	-	50,000	112,608
Patient Family Centered Care	3,240	-	-	-	3,240
Children's Mental Health Services	19,269	-	-	-	19,269
Diabetes Educator	-	31,991	-	31,991	-
Health Quality Council - Lean Funding	43,681	39,390	-	-	4,291
HIPA	21,515	20,640	-	-	876
Home Care STA	10,238	1,523	-	-	8,715
Case Management Training	6,477	-	-	-	6,477
Mentorship July 1-Nov 30, 2008	10,900	-	-	-	10,900
Nurse Recruitment and Retention	170,368	1,849	-	-	168,519
Nursing Safety Training Initiative	10,324	-	-	-	10,324
Nurse Management Compression	8,930	8,930	-	-	-
Out of Scope Lifestyle	4,392	2,491	-	-	1,902
Pharmacist	20,000	20,000	-	-	-
Primary Care Team Development NP	56,008	52,400	-	-	3,608
Primary Care ILX, LCH - Compensation	140,492	12,052	-	-	128,441
New Alcohol and Drug Initiatives	181,150	7,363	-	-	173,788
Quality Workplace	16,610	16,610	-	-	-
Safety Training	5,839	-	-	-	5,839
Sask Housing Capital Fund Refund	35,063	-	-	-	35,063
Surgical Initiatives	48,979	53,104	-	82,310	78,184
Team Development (Facilitator Position)	157,361	-	-	-	157,361
Workforce Planning Initiative 2007/08	28,848	28,848	-	-	-
Workforce Planning Initiative 2008/09	35,062	35,062	-	-	-
Preceptor Recognition	4,150	3,566	-	-	584
Def Representative Workforce	17,729	3,075	-	-	14,654
MDS Home Care	10,000	1,631	8,369	-	-
Meadow Lake Tribal Council	50,000	50,000	-	-	-
Enhanced Preventive Dental Service	24,495	38,868	-	106,450	92,077
First Responders Training	-	16,000	-	16,000	-
Bursaries	-	10,000	-	10,000	-
Primary Health Care Redesign	-	-	-	170,000	170,000
3S Health Gateway	-	-	-	30,000	30,000
Total Sask Health	**$ 1,253,121**	**$ 494,199**	**$ 8,369**	**$ 496,751**	**$ 1,247,304**
Non Sask Health Initiatives					
Mamawetan Churchill River RHA	$ 19,609	$ -	$ -	$ -	$ 19,609
Diabetes Relay	3,634	-	-	-	3,634
Infection Control	22,593	10,609	-	-	11,984
Sask Housing Refund	-	942	-	65,320	64,378
Cognitive Disability	8,503	96,797	-	95,301	7,007
Ski Trail Buffalo Narrows	-	-	-	34,500	34,500
Fundraising Ile a La Crosse	-	-	-	535	535
Vending Machines Ile a La Crosse	42,191	35,271	-	41,403	48,322
Total Non Sask Health	**$ 96,530**	**$ 143,619**	**$ -**	**$ 237,058**	**$ 189,970**
Total Deferred Revenue	**$ 1,349,651**	**$ 637,817**	**$ 8,369**	**$ 733,809**	**$ 1,437,274**

Notes to the Financial Statements
As at March 31, 2013

As at March 31, 2012	Balance Beginning of Year	Less Amount Recognized Operating	Less Amount Recognized Capital	Add Amount Received	Balance End of Year
Sask Health Initiatives					
Aboriginal Awareness Training	$ 10,586	$ -	$ -	$ -	$ 10,586
Autism Framework and Action Plan	74,185	18,603	-	45,833	101,416
Patient Family Centered Care	10,000	6,760	-	-	3,240
Children's Mental Health Services	19,269	-	-	-	19,269
Diabetes Educator	-	31,346	-	31,346	-
Health Quality Council - Lean Funding	62,762	19,081	-	-	43,681
HIPA	21,515	-	-	-	21,515
Home Care STA	10,238	-	-	-	10,238
Case Management Training	6,477	-	-	-	6,477
Mentorship July 1-Nov 30, 2008	10,900	-	-	-	10,900
Nurse Recruitment and Retention	175,155	4,786	-	-	170,368
Nursing Safety Training Initiative	13,324	3,000	-	-	10,324
Nurse Management Compression	27,395	18,465	-	-	8,930
Out of Scope Lifestyle	15,000	10,608	-	-	4,392
Pharmacist	20,000	20,000	-	20,000	20,000
Primary Care Team Development NP	56,008	-	-	-	56,008
Primary Care ILX, LCH - Compensation	229,492	89,000	-	-	140,492
New Alcohol and Drug Initiatives	181,150	-	-	-	181,150
Quality Workplace	16,610	-	-	-	16,610
Safety Training	10,569	4,730	-	-	5,839
Sask Housing Capital Fund Refund	38,285	3,223	-	-	35,063
Surgical Initiatives	38,745	28,066	-	38,300	48,979
Team Development (Facilitator Position)	157,361	-	-	-	157,361
Workforce Planning Initiative 2007/08	28,848	-	-	-	28,848
Workforce Planning Initiative 2008/09	35,062	-	-	-	35,062
Preceptor Recognition	-	-	-	4,150	4,150
Def Representative Workforce	-	12,271	-	30,000	17,729
MDS Home Care	-	-	-	10,000	10,000
Meadow Lake Tribal Council	-	-	-	50,000	50,000
Enhanced Preventive Dental Service	-	-	-	24,495	24,495
Total Sask Health	**$ 1,268,936**	**$ 269,939**	**$ -**	**$ 254,124**	**$ 1,253,121**
Non Sask Health Initiatives					
Mamawetan Churchill River RHA	$ 19,609	$ -	$ -	$ -	$ 19,609
Palliative Care Room - Ile a La Crosse	661	661	-	-	-
Diabetes Relay	3,634	-	-	-	3,634
Infection Control	10,523	-	-	12,070	22,593
Sask Housing Refund	11,051	11,051	-	-	-
Cognitive Disability	53,502	91,999	-	47,000	8,503
Vending Machines Ile a La Crosse	-	12,956	-	55,146	42,191
Total Non Sask Health	**$ 98,980**	**$ 116,666**	**$ -**	**$ 114,216**	**$ 96,530**
Total Deferred Revenue	**$ 1,367,916**	**$ 386,605**	**$ -**	**$ 368,340**	**$ 1,349,651**

Notes to the Financial Statements
As at March 31, 2013

6. Net Change in Non-Cash Working Capital

	Operating Fund		Restricted Capital Fund	
	2013	2012	2013	2012
(Increase) Decrease in accounts receivable	$ (126,737)	$ (17,782)	$ 10,767	$ 370,060
(Increase) Decrease in inventory	(9,689)	41,012	-	-
(Increase) Decrease in prepaid expenses	(38,722)	(91,029)	-	-
(Increase) Decrease in financial instruments	(1,289)	(1,737)	-	-
Increase (Decrease) in accounts payable	217,889	(134,375)	-	-
Increase (Decrease) in Employee Future Benefits	16,500	10,000	-	-
Increase (Decrease) in accrued salaries	51,851	(367,247)	-	-
Increase (Decrease) in vacation payable	8,202	(64,025)	-	-
Increase (Decrease) in deferred revenue	87,623	(18,265)	-	-
	$ 205,628	$ (643,448)	$ 10,767	$ 370,060

7. Patient and Resident Trust Accounts

The RHA administers funds held in trust for patients and residents using the RHA's facilities. The funds are held in separate accounts for the patients or residents at each facility. The total cash held in trust as at March 31, 2013, was $36,658 (2012 - $26,532).

8. Related Parties

These financial statements include transactions with related parties. The Keewatin Yatthé Regional Health Authority is related to all Saskatchewan Crown agencies such as ministries, corporations, boards and commissions under the common control of the Government of Saskatchewan. The Regional Health Authority is also related to non-Crown enterprises that the Government jointly controls or significantly influences. In addition, the Regional Health Authority is related to other non-Government organizations by virtue of its economic interest in these organizations.

Related Party Transactions

Transactions with these related parties are in the normal course of operations. Amounts due to or from and the recorded amounts of the transactions resulting from these transactions are included in the financial statements at exchange amounts which approximate prevailing market rates charged by those organizations and are settled on normal trade terms.

In Addition, the Regional Health Authority pays Provincial Sales Tax to the Saskatchewan Ministry of Finance on all its taxable purchases. Taxes paid are recorded as part of the cost of those purchases.

Notes to the Financial Statements
As at March 31, 2013

	2013	2012
Revenues		
3sHealth	$ 116,340	$ 188,633
Manawetan Churchill River Regional Health Authority	138,466	178,559
Ministry of Health - Northern Transportaion	290,708	338,021
Ministry of Health - Senior Citizens' Ambulance Assistance Program	48,710	66,899
Ministry of Justice	2,481	4,136
Saskatchewan Government Insurance	36,070	26,804
Saskatoon Regional Health Authority	55,416	8,586
Related Party Revenues	$ 688,192	$ 811,638
Expenditures		
3sHealth	$ 767,172	$ 756,310
eHealth Saskatchewan	23,163	22,780
Ile A La Crosse School Division No. 112	99,065	117,453
M.D. Ambulance Care Ltd.	89,363	77,730
Manawetan Churchill River Regional Health Authority	30	210,772
Ministry of Government Services	630,975	690,421
North Sask Laundry & Support Services Ltd.	104,600	94,905
Prairie North Regional Health Authority	92,051	63,544
Public Employees Pension Plan	63,996	65,137
Regina Qu'Appelle Health Region	5,609	-
Saskatchewan Health Employees Pension Plan	1,953,975	1,810,990
Saskatchewan Government Insurance	808	2,480
Saskatchewan Power Corporation	150,337	154,972
Saskatchewan Telecommunications	167,469	161,920
Saskatchewan Transportation Company	2,080	2,883
Saskatchewan Workers' Compensation Board	428,419	365,993
Saskatoon Regional Health Authority	25,533	5,855
University Of Regina	7,513	14,296
University Of Saskatchewan	2,208	5,046
Related Party Expenditures	$ 4,614,366	$ 4,623,487

Notes to the Financial Statements
As at March 31, 2013

	2013	2012
Prepaid Expenditures		
eHealth Saskatchewan	$ 11,306	$ -
3sHealth	1,334	-
Ile A La Crosse School Division No. 112	17,096	-
Saskatchewan Workers Compensation Board	106,657	81,571
Related Party Prepaid Expenditures	$ 136,393	$ 81,571

	2013	2012
Accounts Payable		
3sHealth	$ 57,417	$ 50,291
Ile A La Crosse School Division No.112	4,780	20,602
M. D. Ambulance Care Ltd.	-	5,363
Prairie North Regional Health Authority	6,054	-
Saskatchewan Health Employees Pension Plan	147,211	279,639
Saskatchewan Power	1,460	-
Saskatchewan Telecommunications	13,724	11,595
University Of Saskatchewan	1,400	-
Mamawetan Churchill River Regional Health Authority	177,222	209,342
Minister of Finance	132,051	-
Public Employees Pension Plan	2,769	-
North Sask Laundry & Support Services Ltd.	8,125	-
Related Party Payable	$ 552,213	$ 576,832

	2013	2012
Accounts Receivable		
Ministry of Social Services	$ -	$ 47,000
Ministry of Justice	3,961	4,823
Ministry of Health - Northern Transportation	140,022	105,357
Saskatchewan Government Insurance	13,970	19,974
Saskatoon Regional Health Authority	37,024	11,802
Ministry of Health - Senior Citizens' Ambulance Assistance Program	30,721	27,545
Saskatchewan Workers Compensation Board	11,457	769
Mamawetan Churchill River Regional Health Authority	138,466	-
Ile A La Crosse School Division No. 112	11,653	20,307
Related Party Receivable	$ 387,273	$ 237,577

9. Comparative Information

Certain prior year amounts and balances have been reclassified to conform to the current year's presentation.

10. Employee Future Benefits

a) Pension Plan

Employees of the RHA participate in one of the following pension plans:

1. **Saskatchewan Healthcare Employees' Pension Plan (SHEPP)** - This is jointly governed by a board of eight trustees. Four of the trustees are appointed by 3S Health Shared Services (a related party) and four of the trustees are appointed by Saskatchewan's health care unions (CUPE, SUN, SEIU, SGEU, RWDSU, and HSAS). SHEPP is a multi-employer defined benefit plan, which came into effect December 31, 2002. (Prior to December 31, 2002, this plan was formerly the SAHO Retirement Plan and governed by the SAHO Board of Directors).

2. **Public Service Superannuation Plan (PSPP)** (a related party) - This is also a defined benefit plan and is the responsibility of the Province of Saskatchewan.

3. **Public Employees' Pension Plan (PEPP)** (a related party) - This is a defined contribution plan and is the responsibility of the Province of Saskatchewan.

The RHA's financial obligation to these plans is limited to making the required payments to these plans according to their applicable agreements. Pension expense is included in Compensation- Benefits in Schedule 1 and is equal to the RHA contributions amount below.

Information on Pension Plans:	2013				2012
	SHEPP[1]	PSSP	PEPP	Total	Total
Number of active members	270	0	8	278	272
Member contribution rate, percentage of salary	7.70-10.00%*	3.00-5.00%*	6.00-7.00%*		
RHA contribution rate, percentage of salary	8.62-11.20%*	3.00-5.00%*	6.00-7.00%*		
Member contributions (thousands of dollars)	930	0	30	960	962
RHA contributions (thousands of dollars)	1,041	0	30	1,071	1,072

* Contribution rate varies based on employee group.

1. Active members are employees of the RHA, including those on leave of absence as of March 31, 2013. Inactive members are not reported by the RHA, their plans are transferred to SHEPP and managed directly by them.

b) Accumulated Sick Leave Benefit Liability

The cost of the accrued benefit obligations related to sick leave entitlement earned by employees is actuarially determined using the projected benefit method prorated on service and management's best estimate of inflation, discount rate, employee demographics and sick leave usage of active employees. The RHA has completed an actuarial valuation as of March 31, 2013. Key assumptions used as inputs into the actuarial calculation are as follows:

	2013	2012
Discount rate	2.50%	2.75%
Rate of inflation/increased earnings, for seniority, merit and promotion:		
For ages 15 to 29	2.00%	2.00%
For ages 30 to 39	1.50%	1.50%
For ages 40 to 49	1.00%	1.00%
For ages 50 to 59	0.50%	0.50%
For ages 60 and over (Non Sun Members)	0.00%	0.00%
For ages 60 and over (Sun Members at 20 years service)	2.00%	2.00%

	2013	2012
Accrued benefit obligation, beginning of year	$ 721,500	$ 711,500
Cost for the year	137,300	129,600
Benefits paid during the year	(120,800)	(119,600)
Accrued benefit obligation, end of year	$ 738,000	$ 721,500

11. Budget

The RHA Board approved the 2012-13 operating and capital budget plans on May 24, 2012.

12. Financial Instruments

a) Significant terms and conditions

There are no significant terms and conditions related to financial instruments classified as current assets or current liabilities that may affect the amount, timing and certainty of future cash flows. Significant terms and conditions for the other financial instruments are disclosed separately in these financial statements.

b) Financial risk management

The RHA has exposure to the following risk from its use of financial instruments: credit risk, market risk and liquidity risk.

The Chairperson ensures that the RHA has identified its major risks and ensures that management monitors and controls them. The Chairperson oversees the RHA's systems and practices of internal control, and ensures that these controls contribute to the assessment and mitigation of risk.

c) Credit risk

The Regional Health Authority is exposed to credit risk from the potential non-payment of accounts receivable. The majority of the Regional Health Authority's receivables are from Saskatchewan Health - General Revenue Fund, Saskatchewan Workers' Compensation Board, health insurance companies or other Provinces. The RHA is also exposed to credit risk from cash, short-term investments and investments.

The carrying amount of financial assets represents the maximum credit exposure as follows:

	2013	2012
Cash and short-term investments	$ 5,098,129	$ 4,876,954
Accounts receivable		
Ministry of Health - General Revenue Fund	-	83,955
Other	780,958	581,070
Investments	10,912	9,623
	$ 5,889,999	$ 5,551,602

The RHA manages its credit risk surrounding cash and short-term investments and investments by dealing solely with reputable banks and financial institutions, and utilizing an investment policy to guide their investment decisions. The RHA invests surplus funds to earn investment income with the objective of maintaining safety of principal and providing adequate liquidity to meet cash flow requirements.

d) Market Risk:

Market risk is the risk that changes in market prices, such as foreign exchange rates or interest rates will affect the RHA's income or the value of its holdings of financial instruments. The objective of market risk management is to control market risk exposures within acceptable parameters while optimizing return on investment.

(i) Foreign exchange risk:
The RHA operates within Canada, but in the normal course of operations is party to transactions denominated in foreign currencies. Foreign exchange risk arises from transactions denominated in a currency other than the Canadian dollar, which is the functional currency of the RHA. The RHA believes that it is not subject to significant foreign exchange risk from its financial instruments.

(ii) Interest rate risk:
Interest rate risk is the risk that the fair value of future cash flows or a financial instrument will fluctuate because of changes in the market interest rates.

Although management monitors exposure to interest rate fluctuations, it does not employ any interest rate management policies to counteract interest rate fluctuations.

e) Liquidity risk

Liquidity risk is the risk that the RHA will not be able to meet its financial obligations as they become due.

The RHA manages liquidity risk by continually monitoring actual and forecasted cash flows from operations and anticipated investing and financing activities.

At March 31, the RHA has a cash balance of $5,098,129 (2012 - $4,876,954).

Notes to the Financial Statements
As at March 31, 2013

f) Fair value

The following methods and assumptions were used to estimate the fair value of each class of financial instrument:

- The carrying amounts of these financial instruments approximate fair value due to their immediate or short-term nature.
  - Accounts receivable
  - Accounts payable
  - Accrued salaries and vacation payable

- Cash, short-term investments and long-term investments are recorded at fair value as disclosed in Schedule 2, determined using quoted market prices.

Determination of fair value

When the carrying amount of a financial instrument is the most reasonable approximation of fair value, reference to market quotations and estimation techniques is not required. The carrying values of cash and short-term investments, accounts receivable and accounts payable approximated their fair values due to the short-term maturity of these financial instruments.

Fair value measurements are categorized into levels within a fair value hierarchy based on the nature of the inputs used in the valuation.

Level 1 – Where quoted prices are readily available from an active market.
Level 2 – Valuation model not using quoted prices, but still using predominantly observable market inputs, such as market interest rates.
Level 3 – Where valuation is based on unobservable inputs.

There were no items measured at fair value using level 3 in 2012 or 2013.

There were no items transferred between levels in 2012 or 2013.

g) Operating Line-of-Credit

The RHA has a line-of-credit limit of $500,000 (2012 - $500,000) with an interest charged at prime. The line-of-credit is non-secured. Total interest paid on the line-of-credit in 2012-13 was $0 (2011-12 - $0). This line-of-credit was approved by the Minister in 1999.

13. Interfund Transfers

Each year, the Regional Health Authority may transfer amounts between its funds for various purposes. These include funding capital asset purchases and reassigning fund balances to support certain activities.

	2013		2012	
	Operating Fund	Capital Fund	Operating Fund	Capital Fund
Capital Asset Purchases	$ -	$ -	$ (526,670)	$ 526,670

14. Volunteer Services

The operations of the Keewatin Yatthé Regional Health Authority utilize services of many volunteers. Because of the difficulty in determining the fair market value of these donated services, the value of these donated services is not recognized in the financial statements.

15. Pay for Performance

Effective April 1, 2011, a pay for performance compensation plan was introduced. Amounts over 90% of base salary are considered 'lump sum performance adjustments'. The Chief Executive Officer is eligible to earn a lump sum performance adjustment of up to 110% of his base salary. During the year, the Chief Executive Officer is paid 90% of current year base salary and a lump sum performance adjustment related to the previous fiscal year. At March 31, 2013, the lump sum performance adjustment relating to 2012-13 has not been determined as information required to assess the Chief Executive Officer's performance is not yet available.

16. Transition to Public Sector Accounting Standards

Adoption of public sector accounting framework

As stated in Note 2, these are the RHA's first financial statements prepared in accordance with Canadian public sector accounting standards. The accounting policies set out in Note 2 have been applied consistently in preparing the financial statements for the year ended March 31, 2013, the comparative information presented in these financial statements and the opening statement of financial position as at April 1, 2011 (the RHA's date of transition to public sector accounting standards).

Notes to the Financial Statements
As at March 31, 2013

a) Financial instruments

Effective April 1, 2012 the RHA adopted the PSA standards for Financial Instruments (PSA Handbook Section PS 3450). Section PS 3450 establishes standards on how to account for and report all types of financial instruments, including derivatives. Section PS 3450 has been applied prospectively, in accordance with the transitional provisions of the Section.

Upon adoption of Section PS 3450 the RHA was required to assign its financial instruments to one of two measurement categories: fair value; or cost or amortized cost. Cash, short-term investments, accounts receivable, long-term investments, accounts payable, accrued salaries and vacation payable are classified in the fair value category. The RHA's other financial assets and financial liabilities are measured at cost or amortized cost. Carrying amounts are in each instance disclosed in the Statement of Financial Position.

The adoption of Section PS 3450 had no impact on the recognition and measurement of financial instruments reported in these financial statements. There were additional items related to presentation and disclosure of financial instruments that have been added to Note 12 as a result of the adoption of this standard.

b) Employee future benefits

The RHA made an adjustment to the 2011 financial statements with respect to the accounting for employee future benefits. Specifically, this adjustment related to accounting policy differences under public sector accounting standards with respect to the determination of the obligation for accumulated sick leave.

In aggregate, the resulting increase to the liability for employee future benefits at April 1, 2011 was $711,500. Employee future benefit expense for the year ended March 31, 2012 increased by $10,000.

The impact of these adjustments on the comparative figures is shown on the next page.

Notes to the Financial Statements
As at March 31, 2013

Summary of adjustments

c) Fund balances:

The following table summarizes the impact of the transition to PSA standards on the RHA's fund balances as of April 1, 2011

Fund balances as at April 1, 2011:	
Fund balances, as previously reported	$ 26,259,404
Adjustment to employee future benefits liability	(711,500)
Fund balances, as currently reported	$ 25,547,904
Fund balances as at March 31, 2012:	
Fund balances, as previously reported	$ 25,629,290
Adjustment to employee future benefits liability	(721,500)
Fund balances, as currently reported	$ 24,907,790
Excess (deficiency) of revenues over expenses for the year ended March 31, 2012:	
Excess (deficiency) of revenues over expenses, as previously reported	$ (630,114)
Adjustment to employee future benefits expense	(10,000)
Excess (deficiency) of revenues over expenses, as currently reported	$ (640,114)

Keewatin Yatthé Regional Health Authority

Schedule 1

Schedule of Expenses by Object
For the Year Ended March 31, 2013

	Budget 2013	Actual 2013	Actual 2012
Operating:			
Advertising & public relations	$ 18,000	$ 11,179	$ 18,362
Board costs	121,297	127,241	164,516
Compensation - benefits	3,673,206	3,659,031	3,489,906
Compensation - employee future benefits	-	16,500	10,000
Compensation - salaries	17,234,763	17,493,245	16,903,942
Continuing education fees & materials	210,091	223,426	203,018
Contracted-out services - other	303,100	313,904	267,107
Diagnostic imaging supplies	24,825	18,364	27,638
Dietary supplies	22,000	28,061	28,000
Drugs	282,780	256,913	531,493
Food	276,550	283,460	274,700
Grants to health care organizations	243,500	245,313	146,500
Housekeeping & laundry supplies	16,600	11,829	15,982
Information technology contracts	33,140	21,002	20,719
Insurance	80,400	80,690	76,410
Interest	300	61	317
Laboratory supplies	194,500	182,050	186,359
Medical & surgical supplies	344,000	392,258	369,699
Office supplies & other office costs	323,294	269,198	434,832
Other	116,700	114,301	116,383
Professional fees	214,070	248,367	248,170
Purchased salaries	967,360	1,113,677	1,220,178
Rent/lease/purchase costs	839,451	793,438	805,248
Repairs & maintenance	504,575	510,359	480,034
Supplies - other	45,195	50,537	38,489
Travel	581,026	526,750	490,609
Utilities	437,590	383,178	418,064
Total Operating Expenses	$ 27,108,312	$ 27,374,332	$ 26,986,675
Restricted:			
Amortization		$ 1,190,719	$ 1,179,369
Loss/(Gain) on disposal of fixed assets		-	-
Other		-	-
		$ 1,190,719	$ 1,179,369

Keewatin Yatthé Regional Health Authority

Schedule 2

Schedule of Investments
As at March 31, 2013

	Fair Value	Maturity	Effective Rate	Coupon Rate
Restricted Investments*				
Cash and Short Term Investments				
Chequing and Savings:				
Innovation Credit Union: Capital Account	$ 43		0.75%	
Innovation Credit Union: Chequing Account	1,249,959		0.75%	
	$ 1,250,002			
Innovation Credit Union: Residents' Trust Account	36,658		0.10%	
Total Cash & Short Term Investments	$ 1,286,660			
Long Term Investments				
Innovation Credit Union Equity	$ 1,089			
Total Long Term Investments	$ 1,089			
Total Restricted Investments	**$ 1,287,749**			
Unrestricted Investments				
Cash and Short Term Investments				
Chequing and Savings - Innovation Credit Union	$ 3,610,469		0.75%	
Term Deposit - Innovation Credit Union	200,000		0.50%	
Petty Cash	1,000			
Total Cash & Short Term Investments	$ 3,811,469			
Long Term Investments				
Innovation Credit Union	$ 9,823			
Total Long Term Investments	$ 9,823			
Total Unrestricted Investments	**$ 3,821,292**			
Total Investments	**$ 5,109,041**			
Restricted & Unrestricted Totals				
Total Cash & Short Term Investements	$ 5,098,129			
Total Long Term Investments	10,912			
Total Investments	**$ 5,109,041**			

*Restricted investments consist of:

- Community generated funds transferred to the RHA and Ministry of Health capital grants as noted on Schedule 3, and
- RHA accumulated surplus transferred from the Operating Fund as noted on Schedule 4.

Schedule 3

Schedule of Externally Restricted Funds
For the Year Ended March 31, 2013

	Balance Beginning of Year	Investment & Other Income	Capital Grant Funding	Expenses	Transfer to Investment in Capital Asset Fund Balance	Balance End of Year
Ministry of Health - Capital Grants						
Infrastructure	$ 44,484	$ -	$ 20,000	$ -	$ -	$ 64,484
VFA Infrastructure	124,057	-	-	-	-	124,057
Safety Lifting	114,059	-	-	-	(65,313)	48,746
Equipment	3,453	-	45,000	-	(48,453)	-
EMS Radio Equipment	20,320	-	-	-	-	20,320
Total Capital Fund	**$ 306,373**	**$ -**	**$ 65,000**	**$ -**	**$ (113,766)**	**$ 257,607**
Ile a La Crosse Donations	7,241	-	-	-	(7,241)	-
Total Externally Restricted Funds	**$ 313,614**	**$ -**	**$ 65,000**	**$ -**	**$ (121,007)**	**$ 257,607**

Schedule 4

Schedule of Internally Restricted Funds
For the Year Ended March 31, 2013

	Balance, beginning of year	Investment income allocated	Annual allocation from unrestricted fund	Transfer to unrestricted fund (expenses)	Transfer to investment in capital asset fund balance	Balance, end of year
Future Capital Projects	$ 1,139,247	$ 1,151	$ -	$ -	$ (146,877)	$ 993,521

Keewatin Yatthé Regional Health Authority

Schedule 5(a)

Schedule of Board Member Remuneration
For the Year Ended March 31, 2013

	2013						2012
RHA Members	Retainer	Per Diem	Travel Time Expenses	Travel and Sustenance Expenses	CPP	Total	Total
Chairperson							
Tina Rasmussen	$ 10,440	$ 9,188	$ 6,091	$ 6,687	$ 1,273	$ 33,678	$ 38,675
Members							
Gloria Apesis		1,200	743	1,142	96	3,180	9,381
Elmer Campbell		3,425	1,689	2,779	252	8,145	12,499
Duane Favel		3,300	2,204	3,766	272	9,543	9,911
Barbara Flett		2,650	1,157	1,508	188	5,503	11,543
Robert Woods		3,950	1,321	2,479	261	8,011	2,238
Bruce Ruelling		4,725	3,321	5,496	80	13,622	16,965
Kenneth T Iron		3,450	1,503	2,408	18	7,379	13,991
Total	$ 10,440	$ 31,888	$ 18,029	$ 26,264	$ 2,441	$ 89,062	$ 115,203

Schedule (5b)

Schedule of Senior Management Remuneration
For the Year Ended March 31, 2013

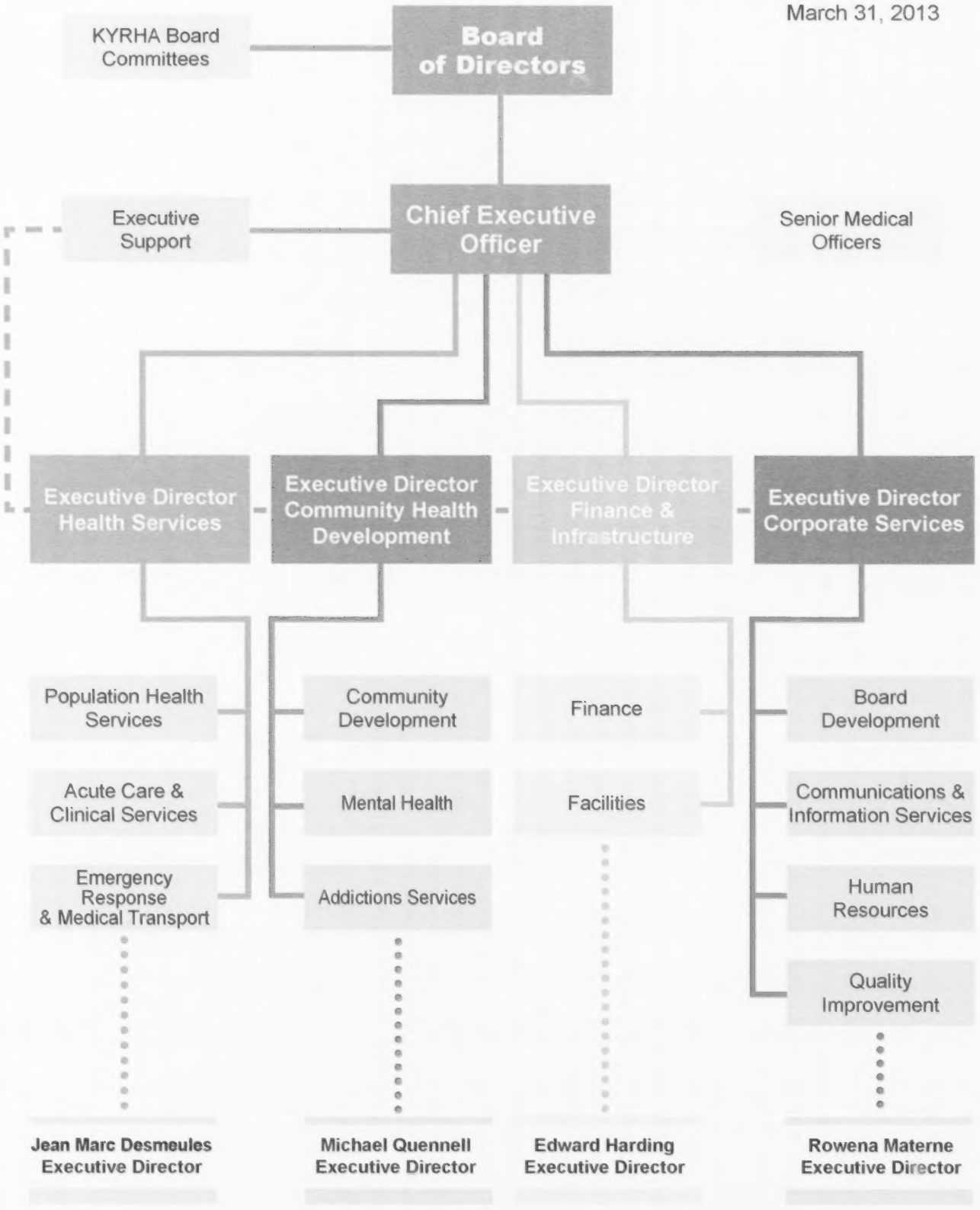
	2013					2012		
Senior Employees	Salaries[1]	Benefits and Allowances[2]	Sub-total	Severance Amount	Total	Salaries, Benefits & Allowances[1,2]	Severance	Total
Richard Petit, CEO	$ 162,081	$ 11,190	$ 173,271	$ -	$ 173,271	$ 183,144	$ -	$ 183,144
Edward Harding, CFO	118,137	11,889	130,026	-	130,026	123,071	-	123,071
Jean Marc Desmeules, Executive Director	86,810	3,655	90,465	-	90,465	-	-	-
Rowena Materne, Executive Director	118,136	13,108	131,244	-	131,244	126,453	-	126,453
Girija Nair, Executive Director	362	-	362	-	362	87,929	-	87,929
Michael Quennell, Executive Director	99,501	5,268	104,769	-	104,769	-	-	-
Barbara Thompson, Executive Director	-	-	-	-	-	72,784	17,138	$ 89,922
Total	$ 585,028	$ 45,109	$ 630,137	$ -	$ 630,137	$ 593,381	$ 17,138	$ 610,519

1. Salaries include regular base pay, overtime, honoraria, sick leave, vacation leave, and merit or performance pay, lump sum payments, and any other direct cash remuneration. The Chief Executive Officer salary was paid at 90% of base salary. The Chief Executive Officer is eligible to earn up to 110% of his base salary. The performance adjustment has not been determined for the year ended March 31, 2013 and will be paid out in the 2013-14 fiscal year. This schedule will be amended in the 2013-14 fiscal year to reflect the performance adjustment. Refer to Note 15 for further details.

2. Benefits and Allowances include the employer's share of amounts paid for the employees' benefits and allowances that are taxable to the employee. This includes taxable: professional development, education for personal interest, non-accountable relocation benefits, personal use of: an automobile; cell-phone; computer; etc. as well as any other taxable benefits.

APPENDICES

ORGANIZATIONAL CHART



Keewatin Yatthé Regional Health Authority
Payee Disclosure List
For the year ended March 31, 2013

As part of government's commitment to accountability and transparency, the Ministry of Health and Regional Health Authorities disclose payments of $50,000 or greater made to individuals, affiliates and other organizations during the fiscal year. These payments include salaries, contracts, transfers, supply and service purchases and other expenditures.

Personal Services

Listed are individuals who received payments for salaries, wages, honorariums, etc. which total $50,000 or more.

Aguinaldo, Rosalina	$ 171,424.99
Anderson, Troy	77,967.00
Antony, Linto	127,792.20
Ballantyne, Betsy	103,454.26
Birkham, Joelle	75,084.15
Bouvier, Robert	50,793.22
Brunelle, Elizabeth	164,958.45
Campbell, Deborah	88,258.70
Chartier, Paul	84,432.57
Clarke, Cathy M	59,108.45
Clarke,Crystal	105,859.82
Clarke, Iris	105,212.22
Clarke, Jacquelin	93,170.47
Corrigal, Anna	103,373.84
Daigneault, Diania	56,812.74
Daigneault, Lena	55,425.48
Daigneault, Samantha	57,042.05
Davio, Emily	117,740.33
Desjarlais, Kathy	50,552.47
Desjarlais, Tammy A	57,702.84
Desmeules, Jean Marc	90,465.12
D'souza, Elton	144,828.40
Durocher, Liz	88,494.90
Durocher, Marlena	107,472.38
Durocher, Martin	84,875.36
Durocher, Peter	107,527.38
Durocher, Waylon	109,558.32
Elliott, Hilda	72,246.55
Ericson, Chelsea	103,655.77
Favel, Cecile	81,435.14
Favel, Dennis	54,953.67
Favel, Tewana	65,315.16
Favel-Gardiner, Pamela	61,975.25
Fontaine, Alicia	67,916.64
Forde, Maudlin	107,344.05
Francis, Bibin	128,753.84
Gardiner, Leona	54,678.55
Gardiner, Melanie	59,368.79
Gardiner, Robert	58,285.32
Gardiner, Sheri	86,480.38
Geetha, Rakesh Mo	145,225.58
Gibbons, Edith	118,385.24
Gillis, Carol	91,245.82
Gordon, Calla	85,082.85
Gordon, Maureen	57,851.25
Hansen, Cindy	74,636.58
Hansen, Marlene	82,069.74
Hansen, Rae-Ann	56,382.88
Hanson, Brenda	85,112.42
Harbor, Kristi	62,442.75
Harding, Edward	130,025.64
Herman, Dean	74,914.71
Herman, Judy	56,126.56
Herman, Marilyn	51,073.65
Herman, Melinda	55,603.46
Herman, Monique	55,532.63
Hodgson, Roberta	79,240.32
Hood, Samantha	110,215.56
Isravel, Kasthuri	97,490.80
Issac, Betsy	148,563.96
James, Anju	83,000.91
Janvier, Betty	50,007.39
Janvier, Joanne	50,217.67
Janvier, Kylie	75,803.53
Janvier, Vanessa	51,195.50
Jones, Kalvin	87,037.81
Jones, Ruby	74,401.82
Kimbley, Sharon	122,757.73
Kissick, Margaret	80,987.74
Klassen, Terrance	58,566.74
Klyne, Joseph	75,591.73
Koskie, Megan	103,612.73
Kucharski, Michal	101,178.49
Kumar, Seema	55,257.81
Kyplain, Jane	54,830.82
Kyplain, Tanya	60,148.68

Lafleur, Leanne	81,200.52
Lanteigne, Michelle	106,632.97
Laprise, Devin	60,971.07
Lariviere, Ann	136,589.82
Lemaigre, Antoinett	91,264.38
Lemaigre, Carol	66,564.54
Lemaigre, Jessie	53,863.97
Lemaigre, Jessie E	53,453.51
Lemaigre, Rosanne	106,688.19
Listoe, Eileen	121,185.83
Materne, Rowena	131,244.43
Mathew, Tom	101,151.69
Maurice, Judy	50,552.86
Mazurik, Matt	68,857.56
Mcgaughey, Calvin	86,942.84
Moise, Clara	64,183.29
Montgrand, Glenda	96,627.36
Montgrand, Victorina	71,570.18
Moore, Stacy	62,966.97
Morin, April	117,451.76
Morin, Christina	65,650.19
Morin, Clarissa	75,247.78
Morin, Donna	55,988.18
Morin, Ida	66,389.00
Morin, Lynn	57,043.30
Muthiah, Grace	81,219.94
Octubre, Penafranc	101,940.12
Onyeneho, Iroegbu	102,869.96
Paul, Virgil	76,566.48
Pedersen, Phyllis	77,385.77
Pelletier, Earl	71,765.74
Perreault, Armande	88,036.27
Petit, Melissa	68,085.07
Petit, Richard	173,270.84
Piche, Carol	87,669.32
Quennell, Michael	104,768.96
Reigert, Cindy	90,701.85
Riemer, Ann	83,568.84
Riemer, Dawnali	83,220.99
Ronning, Heather	132,756.76
Roy, Jocelyn	72,136.75
Roy, Lorraine	95,339.70
Seright, David	97,246.23
Seright, Eva	58,176.57
Seright-Gardiner, Pearl	136,141.96
Shatilla, Dennis	70,595.56
Shmyr, Stacey	78,247.88
Smith, Ryan	104,025.95
Taylor, Patricia	247,734.61
Taylor, Sharon	69,393.39
Thomas, Arun	93,081.51
Thomas, Asha	117,110.66
Thompson, Marlene	111,432.11
Toulejour, Justine	57,117.00
Ullberg, Randeana	99,320.60
Vandale, Vince	66,262.35
Varghese, Jisha	80,696.51
Wagenaar, Mathilda	50,067.71
Wallace, Robin	127,339.17
Waters, Angela	124,511.94
West, Dale	97,415.53
Wilkinson, Ryan	90,022.04
Woods, Doris	85,899.19
Yelland, Rochelle	69,657.39

Supplier Payments

Listed are payees who received $50,000 or more for the provision of goods and services, including office supplies, communications, contracts and equipment.

Marsh Canada Limited	$ 54,067.00
SUN	56,931.15
Public Employees Pension Plan	63,996.32
Grand & Toy	65,246.87
Meadow Lake Tribal Council	67,500.00
Demers Ambulances	77,640.29
SGEU - Ltd.	79,513.50
Hospira Healthecare Corp.	79,657.33
Prairie North Regional Health Authority	81,774.92
Ile A La Crosse Development Corp.	86,840.00
The North West Company	87,328.05
Johnson & Johnson OCD	87,521.22
M.D. Ambulance Care Ltd.	89,362.50
La Loche Non-Profit Housing Corp	92,714.00
101134903 Saskatchewan Ltd.	102,770.67
North Sask Laundry	104,685.76
The Great West Life Assurance Co.	108,699.85
Cherry Insurance	114,243.80
3sHealth	115,736.11
Ile A La Crosse School Division	116,638.19
Piche's Security	128,772.00
SGEU	135,151.73
Muench, Lyla	140,481.34
3sHealth-Disability Income Plan	142,101.22
Sasktel	149,462.90
Schaan Healthcare Products	149,502.49
Sask. Power	151,424.06
Mckesson Canada	155,634.12
Eckert, Arlene	156,000.00
Marina Development Northwest Ltd	156,000.00
3Shealth- Core Dental Plan	170,199.59
The Receiver General For Canada	171,175.68
Campbell, Becky Jo	224,273.08
Sysco Serca Food Services Inc.	234,724.72
The Minister Of Finance	275,562.48
Federated Co-Operatives Ltd.	305,698.08
3sHealth-I/S En Dntl Ex Hlth Plan	310,872.72
The Minister of Finance	335,246.34
Saskatchewan Worker's Comp. Board	428,419.17
Sask. Healthcare Employees Pension	2,093,911.11
The Receiver General for Canada	5,498,268.75